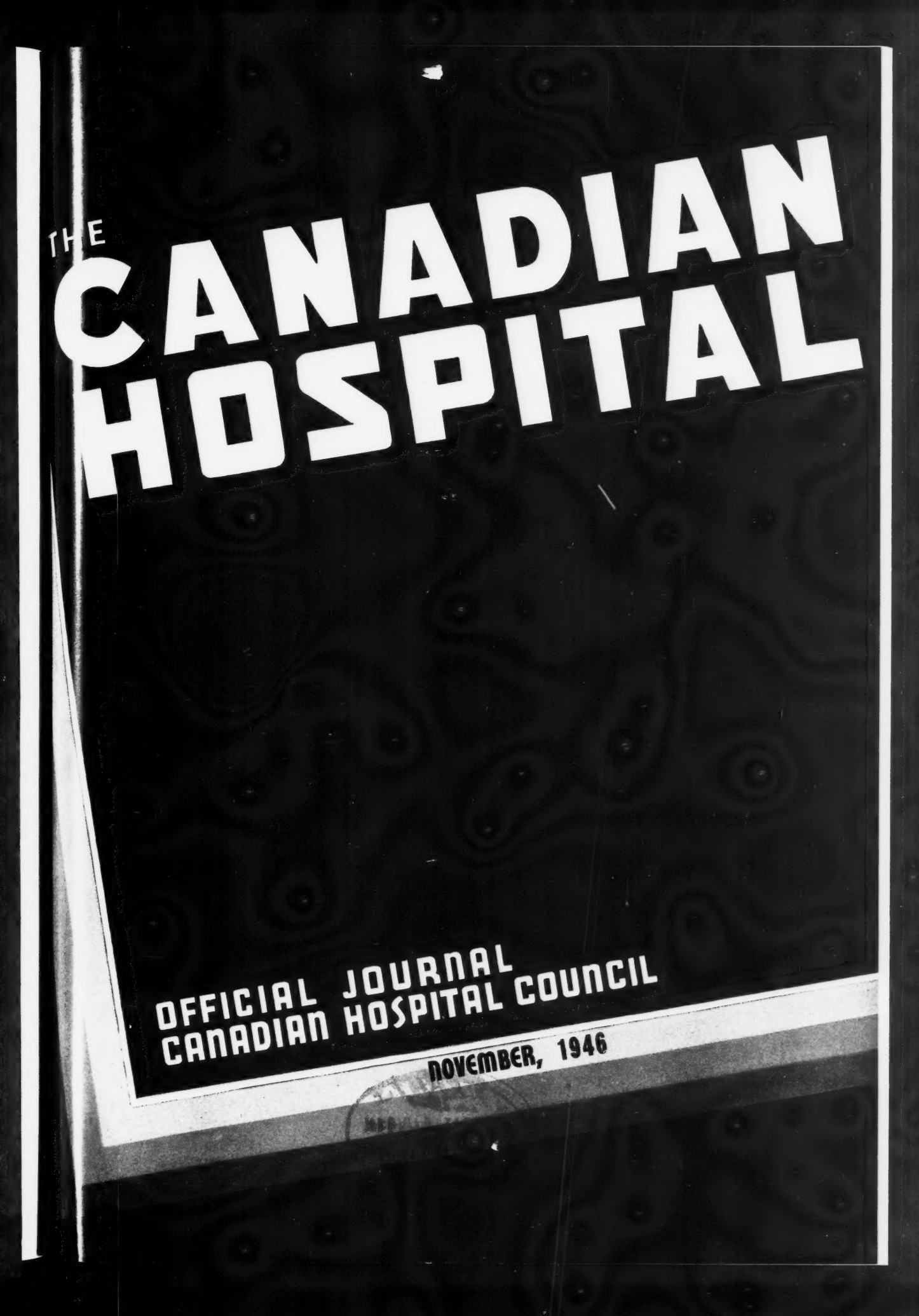
THE CANADIAN HOSPITAL



OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL

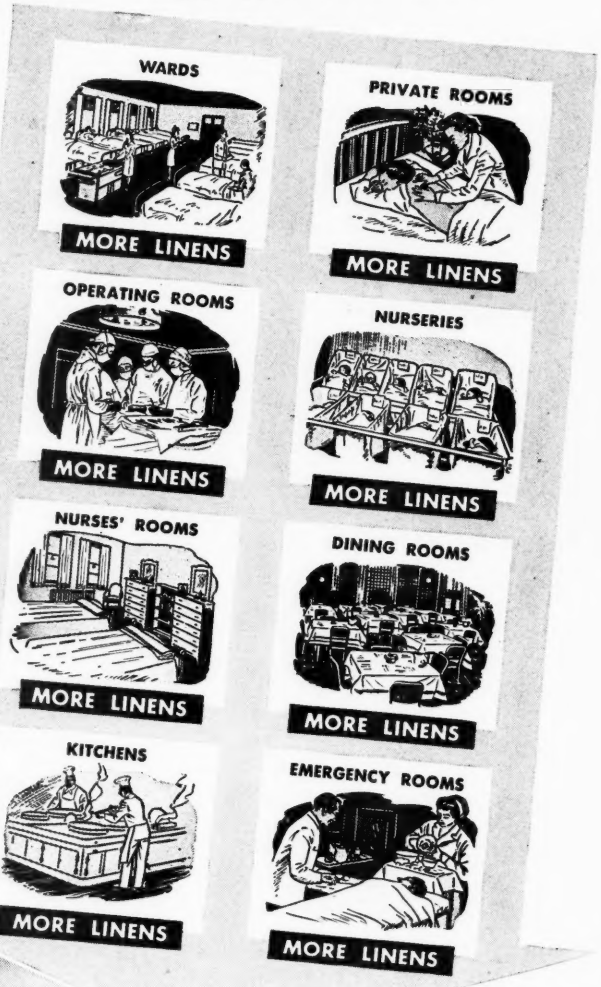
NOVEMBER, 1946

Added Patient Facilities...

WHAT DO THEY DO TO YOUR LAUNDRY?

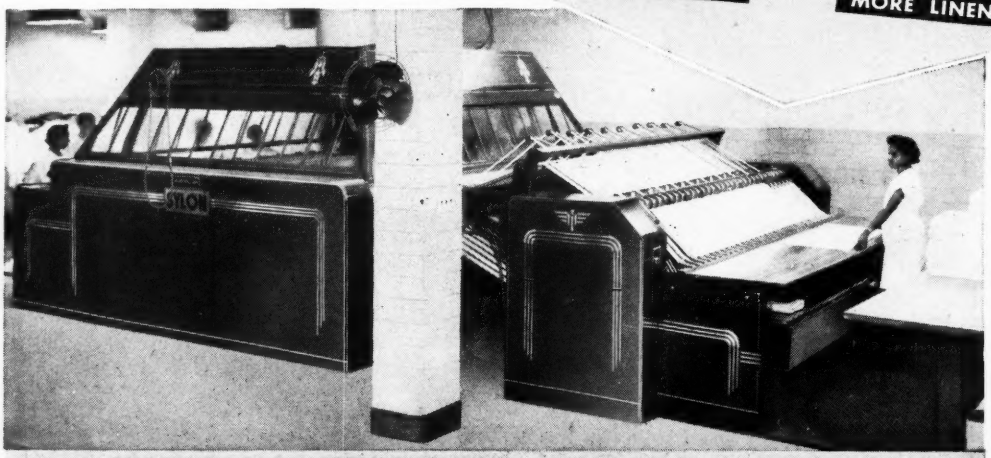
To care for more and more patients, hospitals have had to add facilities in every department. Added facilities naturally require extra linens. Extra linens for *every* department mean a tremendous overload on the laundry.

Is your laundry planned to handle this overload? Is equipment being overworked . . . forced beyond its ability to produce at lowest cost? It will pay you to check the laundry NOW . . . analyze methods, production, hours worked . . . determine efficiency of the laundry under its heavy overload. A thorough survey by our experienced Laundry Advisor will give you the answers. Write today.



Remember...

EVERY DEPARTMENT OF THE HOSPITAL DEPENDS ON THE LAUNDRY...

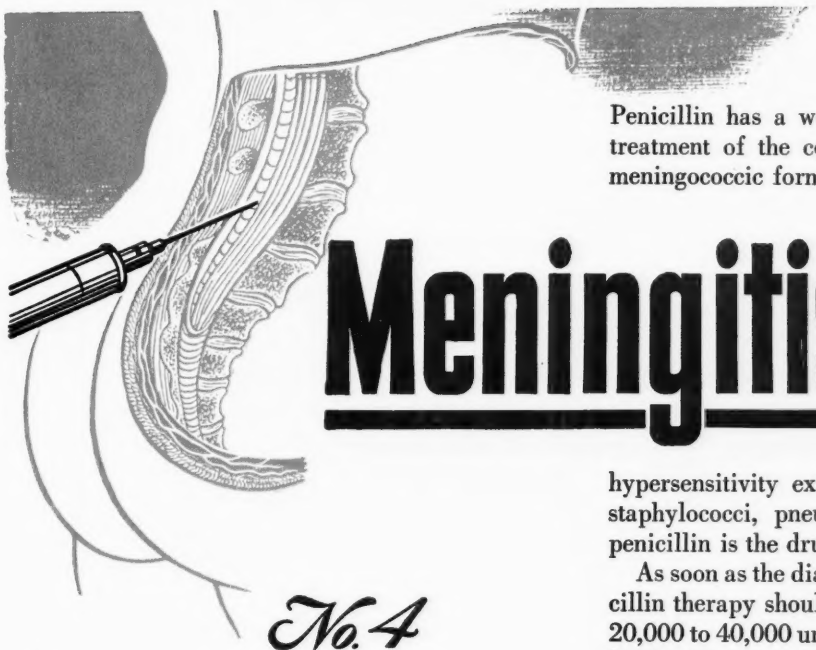


SYLON Ironer with TRUMATIC Folder—the unbeatable combination for ironing and automatically folding large flat pieces fast, at lowest cost.

The CANADIAN LAUNDRY MACHINERY CO. LIMITED
47-93 STERLING ROAD, TORONTO 3, ONT.

Contents

Vol. 23 **NOVEMBER, 1946** No. 11



Meningitis

Penicillin has a well established role in the treatment of the coccal meningitides. In the meningococcic form the response to penicillin therapy is somewhat slower than following the administration of the sulfonamides; however, penicillin is indicated in instances of sulfonamide-resistance and when patient sulfonamide hypersensitivity exists. In meningitis due to staphylococci, pneumococci, or streptococci, penicillin is the drug of choice.

As soon as the diagnosis is established, penicillin therapy should be instituted in doses of 20,000 to 40,000 units every two to three hours by the intramuscular route. Treatment should be thorough, and should be continued until all signs and symptoms of the infection have been absent for seven to ten days. Since penicillin administered systemically does not penetrate the subarachnoid space, intrathecal (intraspinal, intracisternal, intraventricular) administration is also required. Ten thousand units in 10 cc. of isotonic solution of sodium chloride should be injected (after withdrawal of an equal volume of fluid) once or twice daily until the spinal fluid is clear, and for four days thereafter.

When concurrent sulfonamides are indicated, they should be administered in a dosage sufficient to establish a blood level of 15 mg. per cent.

Surgical, supportive, and other measures should be employed when indicated.

SPINK, W. W., *and* HALL, W. H.: *Penicillin Therapy at the University of Minnesota Hospitals: 1942-1944, Ann. Int. Med. 22:510 (April) 1945.*

WHITE, W. L.; MURPHY, F. D.; LOCKWOOD, J. S., *and* FLIPPIN, H. F.: *Penicillin in the Treatment of Pneumococcal, Meningococcal, Streptococcal, and Staphylococcal Meningitis, Am. J. Med. Sc. 210:1 (July) 1945.*

200,000 Cases of Unsuspected Tuberculosis Are Admitted to General Hospitals Each Year!

For the hospital admitting the average number of new patients per day, this independently-mounted G-E Photo-Roentgen Unit may be used in conjunction with existing x-ray equipment; thus it represents a comparatively small additional investment. The illustration shows how practical and simple it is to bring the tube stand of the x-ray table into alignment for an occasional photo-roentgenogram.

A sweeping statement, seemingly, but in light of indisputable statistics it is a conservative one.

Mass radiography of chests of more than 12,000,000 U.S. military personnel and some 6,000,000 civilians—all apparently in good health—have revealed the startling fact that from 12 to 15 persons in every thousand of the population have unsuspected active or inactive re-infection pulmonary tuberculosis.

What, then, would be the findings if all *general* hospitals would routinely make an x-ray chest examination of every individual seeking admittance? According to institutions who have already adopted this practice, the number of new cases thus discovered is likely to be appreciably more than 12 to 15 per thousand. *Fifteen million persons entered U.S. general hospitals in 1945! In Canada there were approximately 1¼ million!*

Routine x-ray chest examinations in the general hospital protect the entire hospital personnel, as well as the patients, against unguarded contact with undiagnosed tuberculosis. It is therefore destined to prove one of the most effective measures for tuberculosis control, and a distinct contribution by general hospitals to the nationwide case-finding program.

Practically every hospital will find it economically feasible to provide this valuable service. Regardless of the number of patients admitted per day—whether it is only a few or several hundreds—G. E. X-Ray's extensive line of Photo-Roentgen apparatus permits the selection of that particular unit or combination which will meet the individual requirements for the most practical and economical operation. It will not be necessary to buy equipment that either exceeds or falls short of given requirements.

Why not talk this over with your local Victor representative, who will then be in a position to give you some interesting facts and figures. Write today for further particulars. Address Victor X-Ray Corporation of Canada, Ltd., at nearest branch office.

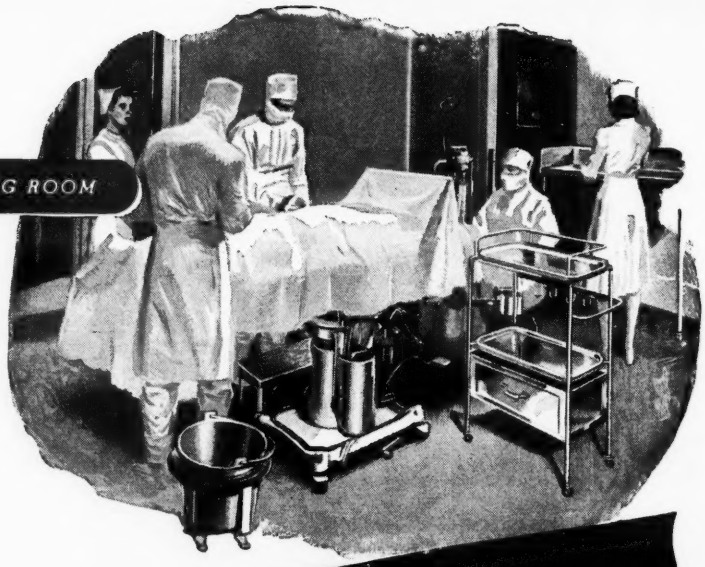
For large institutions, this G-E Duplex Photo-Roentgen Unit, installed conveniently near to the reception room, permits rapid x-ray chest examinations of hundreds of entering patients per day.

VICTOR X-RAY CORPORATION of CANADA, Ltd.

DISTRIBUTORS FOR GENERAL ELECTRIC X-RAY CORPORATION

TORONTO: 30 Bloor St., W. • VANCOUVER: Motor Trans. Bldg., 570 Dunsmuir St.
MONTREAL: 600 Medical Arts Building • WINNIPEG: Medical Arts Building

G-E Photo-Roentgen Units are designed for the accommodation of three interchangeable cameras, thus offering a selection between facilities for using either cut-films (4" x 5" single and stereoscopic) or 70 mm roll-film, single and stereoscopic.

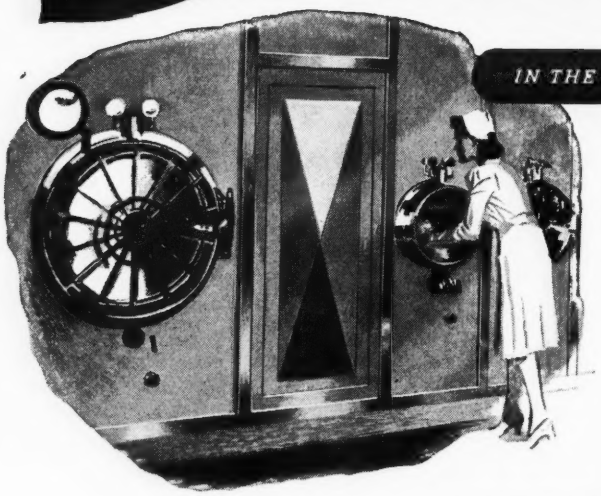


IN THE OPERATING ROOM

Stainless steel is used in the operating room for operating tables, sterilizing cabinets, kick buckets, trays and instruments. It is easily cleaned and can be sterilized repeatedly without ill effects.

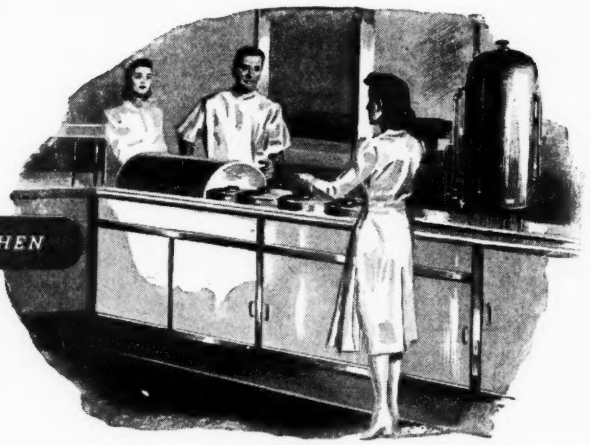
IN THE KEY POINTS OF THE HOSPITAL

STAINLESS STEEL



IN THE STERILIZING ROOM

The primary reason for the use of stainless steel in this sterilizing room is its immunity to the rusting action of warm, moist air. The drawing here also illustrates the pleasing contrasts which can be obtained by various types of finishes.

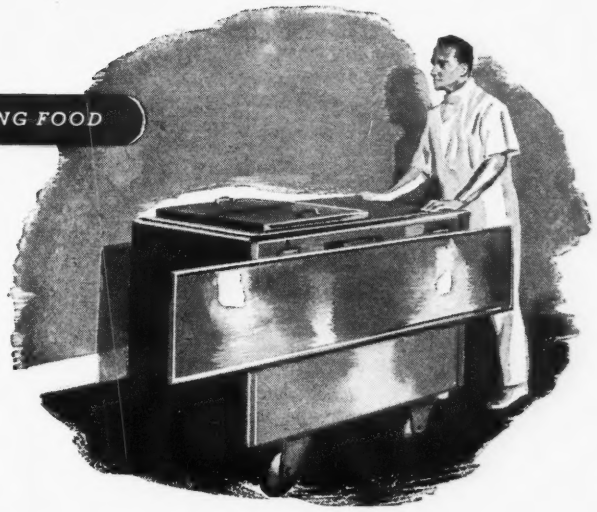


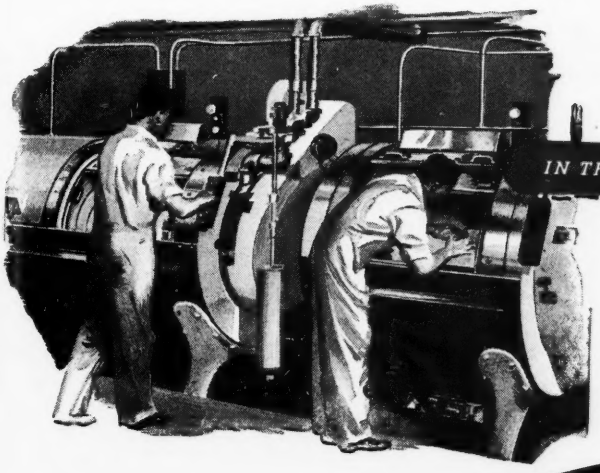
IN THE KITCHEN

Busy kitchen staffs appreciate stainless steel equipment because it is so easy to clean. Pots and pans of stainless steel are restored to their original luster with a minimum of scouring.

FOR SERVING FOOD

This sturdy food conveyor can be loaded in the kitchen and easily wheeled into the cafeteria or wards. Its brightly polished surface presents a neat and attractive appearance to the most critical patient.

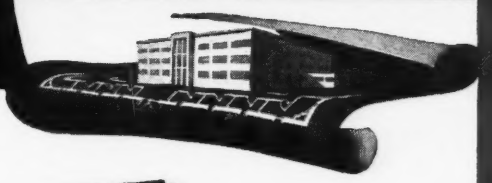




IN THE LAUNDRY

Laundry equipment of stainless steel will not tear or snag the laundry because of its rust-resistant surface and smoothly-finished welded joints. It is also durable and easy to keep clean.

DESIGN FOR THE FUTURE WITH STAINLESS STEEL



Stainless steel has many architectural uses in hospitals. It is used at points of wear—doors, kick plates, elevators, gutters—because it is strong, durable, easy to maintain and fire-resistant.

Furthermore, stainless steel adds a note of shining cleanliness to a hospital when used for trim, grilles, medallions, and many other decorative features.

WRITE TODAY

for this 25-page booklet, "The Use of Stainless Steel in Hospitals." It will give you many other ideas for utilizing stainless steel when building or remodeling.

ELECTRO METALLURGICAL COMPANY OF CANADA, LIMITED

WELLAND, ONTARIO

Across the Desk

By C.A.E.

Promoting Clean Streams and Waterways

"Clean Waters", a motion picture in color, produced by General Electric Company in cooperation with the U.S. Public Health Service, was shown for the first time in Canada on October 17th at the first postwar convention of the Federation of Sewage Works Associations, meeting at the Royal York hotel in Toronto.

With scenes of pictorial beauty pointing up the benefits of clean streams and waterways, the picture demonstrated vividly to the 800 assembled representatives at the international convention the dangers from polluted waters to public health, fish life, property values and recreational areas.

The picture is of particular interest to every municipality plagued with the problems of sewage pollution. It will be made available to all civic organizations and local groups by Canadian General Electric Company, Limited.

* * * *

New Portable Electric Hand Lamp

With the new Big Beam No. 211 portable electric hand lamp, the hospital field has for the first time an inexpensive means of putting bright light anywhere . . . any time. This fine weatherproof lamp has a single focus adjustment whereby it will deliver a spot or spread light — a brilliant 1,500 foot beam or bright localized light. It is powered by two standard drycell batteries with pressure type connections. Weighing only 7 pounds, it can be set down anywhere or clamped in a special hold-down fixture accessory. Here is a convenient, portable light for all personal and emergency needs that suggests specific and unlimited uses to anyone who sees it. Made by U-C Lite Manufacturing Co., 11 East Hubbard Street, Chicago 11, U.S.A.

* * * *

Time on His Hands!

A Negro called at the hospital and said: "I called to see how mah frien' Joe Brown was getting along."

The nurse said: "Why, he's getting along fine; he's convalescing now."

"Well," said the Negro, "I'll sit down and wait till he's through."

(Continued on page 16)

Precisely...

Typical of the high standards of accuracy achieved in modern navigation is the chronometer, used in determining longitude. This instrument is capable of keeping time in all ordinary variations of temperature for six months with an error not exceeding a second a day. With instruments and techniques of comparable accuracy, D&G is constantly seeking to improve the quality and uniformity of surgical sutures for use in various operational procedures. For suture behavior must be predictable at all times to enable surgeons to obtain exactly the results desired.

D&G's success in this field is attested by thousands of surgeons in all parts of the world who rely on D&G sutures to achieve consistently accurate results in every type of operation.

D&G Sutures

"This One Thing We Do"

D&G sutures are obtainable through responsible dealers everywhere

DAVIS & GECK, INC., 57 WILLOUGHBY ST., BROOKLYN 1, N. Y.

FROM 25% TO 60% OR MORE ON YOUR ICE BILLS! ...with *FLAKICE FROSTY RIBBONS*

A MODERN HOSPITAL NECESSITY

Wherever crushed ice is normally used in a hospital, FlakIce is preferable. FlakIce is far less costly, more efficient, and sanitary, since it is produced instantly as needed . . . at the touch of a button . . . from ordinary water supply. Food awaiting ward and room service is kept cool longer. For ice packs, refrigeration anaesthesia and other surgical uses, it is highly preferable. Yet FlakIce costs so little to produce, compared to other means. These are the reasons why more and more Canadian hospitals use FlakIce.

SWITCH ON!...ICE AT THE TOUCH OF A BUTTON!

Curved FlakIce frosty ribbons cascade from the machine at a cost as low as 10 cents per 100 pounds. FlakIce broken ribbons are better because, among other things, they pack tighter around food and other objects, last longer and are more sanitary than any other form of crushed ice.

FLAKICE FROSTY RIBBONS CAN COST YOU AS LITTLE AS 10c PER 100 LBS.!

All that is needed to determine your FlakIce costs is the following:

1. Your electric rate
2. Your water rate
3. Your annual ice requirements in tons
4. Your cost per ton

york refrigeration air conditioning

CIMCO-YORK

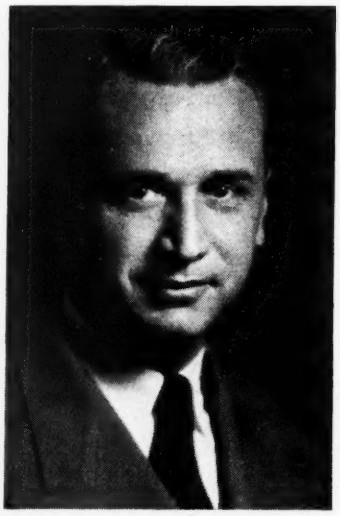
REFRIGERATION & AIR CONDITIONING EQUIPMENT & SUPPLIES

CANADIAN ICE MACHINE COMPANY, LTD., TORONTO • BRANCH OFFICES: HALIFAX, MONTREAL, WINNIPEG, CALGARY, VANCOUVER

Across The Desk

Sales Manager of Chemical Corporation

Carbide and Carbon Chemicals, Limited, Toronto, is now handling the marketing in the Dominion of Canada of the synthetic organic chemicals produced by Carbide and Carbon Chemicals Corporation. Both companies are Units of Union Carbide and Carbon Corporation of New York. A new sales office was opened at 159 Bay Street, Toronto, on September 25, and George D. Garrett, Jr. has been appointed Sales Manager of the Chemicals Division of Carbide and Carbon Chemicals, Limited. Warehouse stocks are maintained in Toronto, and Montreal, and, as business developments demand, warehouse service will be established in other industrial areas throughout Canada.



All of the industrially important alcohols, aldehydes, anhydrides, esters, glycols, glycol-ethers, ketones, chlorinated solvents and nitrogen compounds are included in the list of more than 200 products to be handled by the Canadian firm. These chemicals are raw materials for the manufacture of pharmaceuticals, synthetic resins, plasticizers, emulsion products, hydraulic fluids, textiles, ore flotation agents, and in many other products of Canadian industries.

* * * *

Dixie Rolled Brim Paper Cups

New rolled brim, round pointed, heavier weight Dixie Paper Cups are now available to the hospital dietitian for the serving of soft drinks, milk and water. New durable plastic holders complete an attractive combination.

Dixie Cups are made from pure white sulphite paper,

Dixie Cups have patented "Lock-Tab" feature.

treated by a special process and are firmly sealed, odourless and tasteless.

A special sample kit of the cups illustrated, together with other hospital items, will be sent to interested persons on request by Dixie Cup Company (Canada) Limited, Toronto.

(Concluded on page 20)

#35 MONEL

FOOD SERVICE EQUIPMENT

now available!

The ideal metal for food service equipment is #35 Monel for it is strong, tough, rustproof and highly resistant to corrosion. It cleans easily and beautifully for its silvery-white surface is glass-smooth, non-porous and extremely sanitary. Write for illustrated literature *to-day*.

The following are expert designers and fabricators of "Monel" food service equipment:

GEORGE R. PROWSE RANGE CO., LIMITED
MONTREAL, QUE.

AGA HEAT (CANADA) LIMITED
TORONTO, ONT.

S. H. NEWMAN COMPANY LIMITED
TORONTO, ONT.

WROUGHT IRON RANGE COMPANY LIMITED
TORONTO, ONT.

GENERAL STEEL WARES LIMITED
MONTREAL, LONDON, CALGARY
TORONTO, WINNIPEG, VANCOUVER

CANADIAN ROGERS SHEET METAL & ROOFING LIMITED
WINNIPEG, MAN. TORONTO, ONT.

THE MACDONALD BROS. SHEET METAL & ROOFING CO. LIMITED
WINNIPEG, MAN.

ELLETT COPPER & BRASS CO. LIMITED
VANCOUVER, B.C.

QUEST METAL WORKS LIMITED
VANCOUVER, B.C.

TERMINAL SHEET METAL WORKS LIMITED
VANCOUVER, B.C.

CLIP THIS COUPON!

THE INTERNATIONAL NICKEL COMPANY OF CANADA, LIMITED
25 King Street West, Toronto, Ontario

Please send me a copy of the booklet F-69 "Everywhere on the Continent—#35 Monel Food Service Equipment".

Name .....

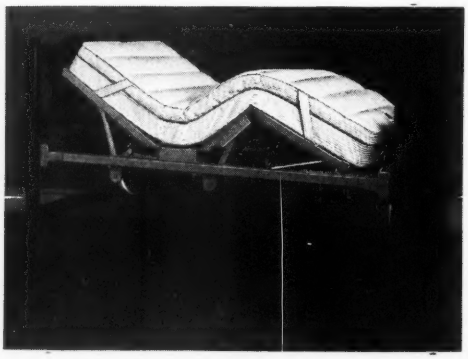
Address .....

YES! The Famous Spring-Air Mattresses are Still Hard to Get

STEEL and other material shortages, as well as labor difficulties throughout the land, still make it difficult for us to produce the favored Spring-Air mattresses.

Prospects are, however, brighter now than for many months that you will before long be able to offer your patients and staff the many advantages of Spring-Air: **Extra Comfort — Flexibility — Long Life — Economy.**

In the meantime we shall, of course, give hospitals priority on available bed equipment.



Spring-Air

Dependable Hospital Bedding

Inner Spring Mattresses

Felt Mattresses

Beds Pillows

Springs of All Types

•

Write us regarding your requirements

THE CANADIAN FEATHER & MATTRESS CO. of OTTAWA, LTD.
692 Wellington St., Ottawa

PARKHILL BEDDING LIMITED
Winnipeg
Regina, Saskatoon, Edmonton, Calgary

HAMMOND FURNITURE CO., LIMITED
890 Clark Drive, Vancouver

SLEEPMASTER, LIMITED
41 Spruce St., Toronto

Across The Desk

Trane Data on Air Conditioning

Air conditioning, properly used, reduces post-operative pneumonia and surgical deaths. In cases of premature infants it reduces infant mortality. It is particularly valuable in overcoming immediate attacks of hay fever, and asthma in extreme cases. It is essential in the operating room. Because it permits controlled conditions it also is of therapeutic and diagnostic value in treatment of these respiratory infections.

The Trane Company of Canada, Limited, Toronto, has made a careful investigation of air conditioning as it applies to hospitals. They will be glad to mail to any hospital executive, on request, data on the proper air conditioning of operating rooms, recovery rooms and maternity departments, and desirable air conditioning for patients suffering from Hay Fever, Asthma and respiratory infections.

* * * *

Good-Form Aluminum Chairs

J. Lorne Davidson Limited, Toronto, has recently been appointed Canadian distributor for institutional "Good-Form" aluminum chairs made by General Fireproofing Co., Youngstown, Ohio. Many distictive designs are available for use in hospitals, hotels and restaurants, either in fabrikoid or leather.

They are upholstered over felt or sponge rubber, the frame being specially anodized, with welded joints that will not split, splinter or pull apart. There are no cracks or rough edges to tear hosiery or clothing, nor loose joints to cause squeaking and creaking through bodily movements. These chairs are comfortable and serviceable, in addition to being attractively designed, and from a standpoint of wear, will outlive ordinary wooden chairs. Prices and samples will be submitted on request.

* * * *

Pyrene Renames Extinguisher Line

Nine well-established trade names are being boldly thrown overboard in domestic markets by the Pyrene Manufacturing Company of Canada, Limited, Toronto, in favour of only one trade name and more informative labelling.

Almost four years ago when the company started in business by introducing a vaporizing liquid type of extinguisher for the new hazards of electricity and flammable liquids it coined the trade name Pyrene. Gradually other types of fire extinguishing compounds and equipment were added to the line and each type was given a new coined name which in time became well known in the trade.

These names, however, were not so well known to users in emergencies. Furthermore, some types look alike even though intended for different kinds of fires. Consequently nameplates have been completely redesigned for quicker identification and more legible instructions. Assorted trade names have been dropped and the type of unit has been added in conjunction with the Pyrene name.

* * * *

The only after-dinner speech that is assured a big hand is: "Put it all on one check, please."

VICEROY
WHALE-BONE-ITE
TOILET SEATS
WITH
RUBWOOD
CORE

UNEQUALED for QUALITY

Long Life . . . Low Maintenance . . . Good Appearance . . . Sanitation . . . These qualities have made Viceroy Rubwood Toilet Seats preferred by architects, building contractors and plant engineers everywhere.

The cross-section view shows the construction of Viceroy Rubwood Toilet Seats. The core, built up of alternate layers of plywood and rubber, in which the five layers of wood are placed with grain crossed, is vulcanized together under tremendous heat and pressure. A thick, hard rubber covering is then vulcanized to the core and highly polished, forming a one-piece unit that is indestructible, resistant to acids and the strongest disinfectant and will not absorb moisture or odors.

CROSS SECTION VIEW

Can Now be Included in Your Specifications

Let us Know Your Needs

VICEROY

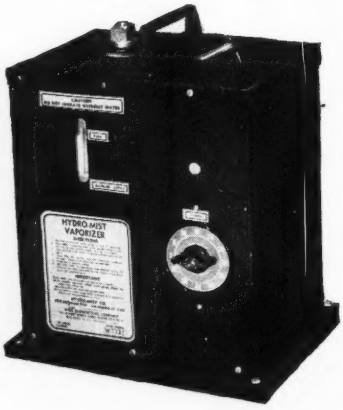
MANUFACTURING COMPANY LIMITED

MONTREAL • TORONTO • WINNIPEG

was held on Nov. 11, 19[illegible] to take a seat at the bedside.

DEATH TO FLIES*

IN AREAS OF 500,000 CUBIC FEET! THE NEW WEST HYDRO-MIST VAPORIZER AUTOMATIC — JUST FILL AND PLUG IN!



A new, outstanding and completely automatic insecticide sprayer. Simple to operate—merely fill, set time clock, and plug in to AC or DC outlet. One filling of the West Hydro-Mist Vaporizer with Vaposector Fluid will efficiently control roaches in an area up to 50,000 cubic feet, and achieve a POSITIVE KILL of flying insects in areas of 500,000 cubic feet!

WEST
A GUARANTEED PRODUCT
FLUID

CONCENTRATED VAPOSECTOR FLUID

Amazingly Effective Insecticide for use in the West Hydro-Mist Vaporizer

VAPOSECTOR FLUID is a concentrated insecticide especially effective for use in Electric Sprayers. It has a high killing efficiency and is economical and highly effective against flies, roaches, mosquitoes, ants, fleas, crickets, spiders and many other insects. It will cause roaches to crawl out of their hiding places to be killed easily. This insecticide is harmless to food and fabrics, when used according to directions

*Vaposector Insecticide when dispersed by the Hydro-Mist Vaporizer can achieve a positive kill of such flying insects as Flies, Gnats, and Mosquitoes in areas of 500,000 cubic feet!

The enactment of the Bell and Tydings bills will not relieve [illegible] United [illegible] and cut out a few pictures from t[illegible]

ASK FOR A DEMONSTRATION

Seeing Is Believing or Write for FREE Booklet

CLIP TO YOUR BUSINESS LETTERHEAD, PLEASE

We are interested in a demonstration of the West HYDRO-MIST VAPORIZER. ☐
Please Send Me Your Booklet. ☐

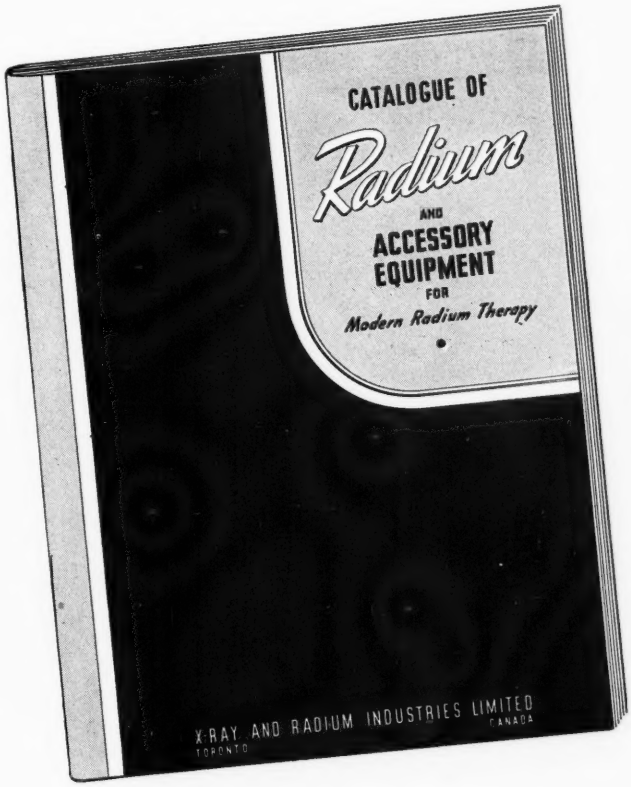
Name_____ Position_____

WEST DISINFECTING Co. Ltd.

MONTREAL, QUE., 5621-23 Casgrain St.
TORONTO, ONT., 2299 Dundas St. W.

CALGARY
EDMONTON
HALIFAX
REGINA
SASKATOON
VANCOUVER
WINNIPEG

NOW AVAILABLE



for the first time!

CATALOGUE OF

Radium

AND ACCESSORY EQUIPMENT

This illustrated catalogue gives complete specifications and details of the forms in which radium is supplied. It shows all types of containers; American and European needles, tubes, cells and plaques. Also described are the many applicators adapted to specific uses and the accessory equipment required in the handling of radium.

X-Ray and Radium Industries provide a complete service for inspection, detection of leakages, repair of equipment and conversion to new types of radium containers. For a copy of the new catalogue and advice on your problems, write the nearest office listed below.

The famous KELEKET line of X-Ray Equipment

This line of complete equipment, accessories and parts is exclusive with X-Ray and Radium Industries in Canada. It includes a full range, from portable to deep-therapy units, high-intensity X-Ray film illuminators, stereoscopes, fluoroscopes and cassettes.

Branches in Vancouver, Calgary, Edmonton, Winnipeg, Toronto and Montreal are now in operation. Representatives are located in all principal cities. At these offices expert service and technical advice are provided by technicians and engineers of proven qualifications and years of experience.

X-86

Illustrated descriptive literature sent on request. Address correspondence to

X-RAY and RADIUM INDUSTRIES LTD.

261 DAVENPORT RD. TORONTO 5

313 DOMINION SQUARE BLDG. MONTREAL, QUE.

705 LINDSAY BLDG. WINNIPEG, MAN.

11 MERRICK BLDG. EDMONTON, ALTA.

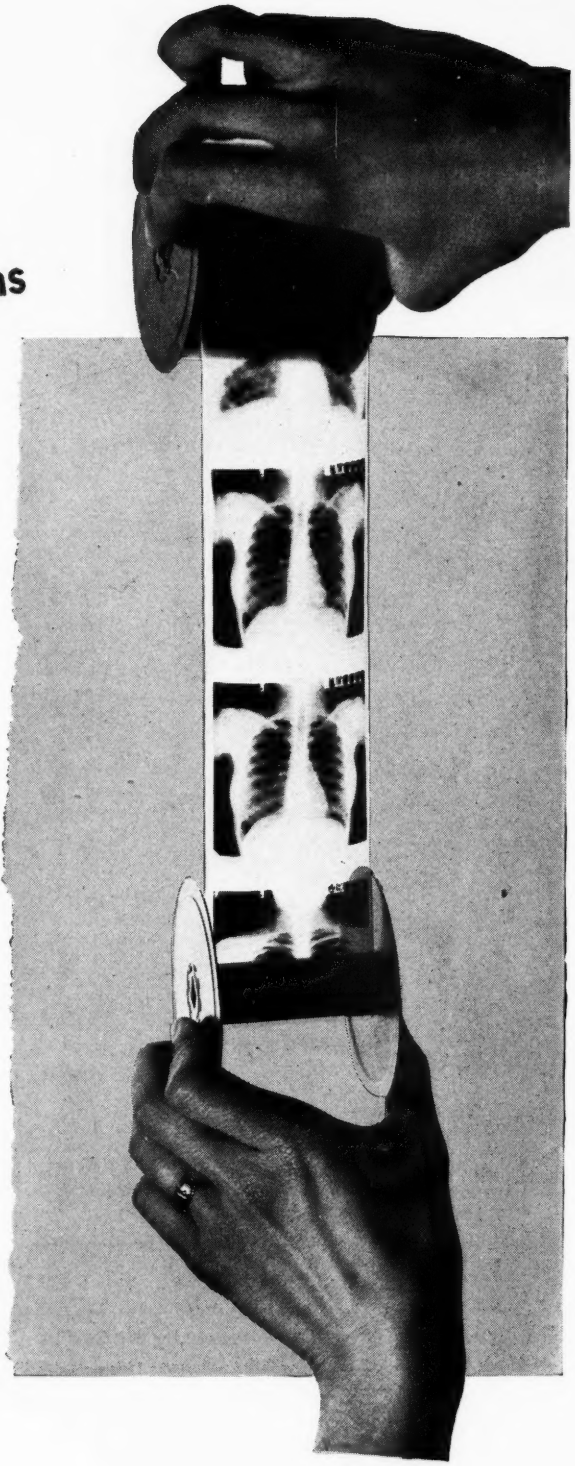
use this quick, economical method

to screen hospital admissions

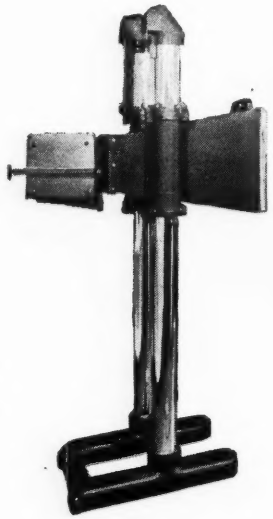
Miniature photofluorography offers hospitals quick, economical help in screening hospital admissions. These routine miniature films enable the radiologist to determine which incoming patients require more thorough chest examinations. Used as a routine hospital admission tool, photofluorography accomplishes three important objectives:

1. Supplies an economical means of determining which admissions require complete chest scrutiny.
2. Recruits patients who might not otherwise receive this examination.
3. Provides accurate telltale signs over and above clinical history and initial physical examinations.

While miniature film methods do not supplant established practices in chest diagnosis, they do perform an important service in augmenting laboratory procedures. Photofluorography need not place heavier loads on the radiological staff. The time needed to read miniatures is minimized, for the chest is either negative or needs standard 14 x 17 radiography for extensive examination.



Write your nearest Ferranti office for complete details on the advantages of miniature photofluorography for hospital admissions.



Westinghouse stationary photofluorograph used in radiographic room and utilizing available generating apparatus.

FERRANTI ELECTRIC LIMITED
X-RAY DIVISION — TORONTO, ONTARIO
CEIA APPROVED CANADIAN MADE X-RAY EQUIPMENT
HALIFAX • MONTREAL • LONDON • WINNIPEG • EDMONTON • KAMLOOPS

SAVE TIME...

ORDER YOUR SILK WHEN YOU BUY OTHER ETHICON SUTURES

CONVENIENCE — One order covers all items. Include your silk requirements on your Ethicon orders. SPECIAL — with every spool of Ethicon Silk you get free reels, for greater convenience in sterilizing. Wind silk loosely on reel. This method keeps silk orderly for use; saves time in O.R.

QUALITY —*Ethicon Black Braided Silk is strong* — exceeds U.S.P. strength requirements. It is non-capillary, serum-proof; non-toxic, non-irritating. Does not adhere to tissue.

Eleven standard sizes, 6-0 to 5. 25-yd. spools.

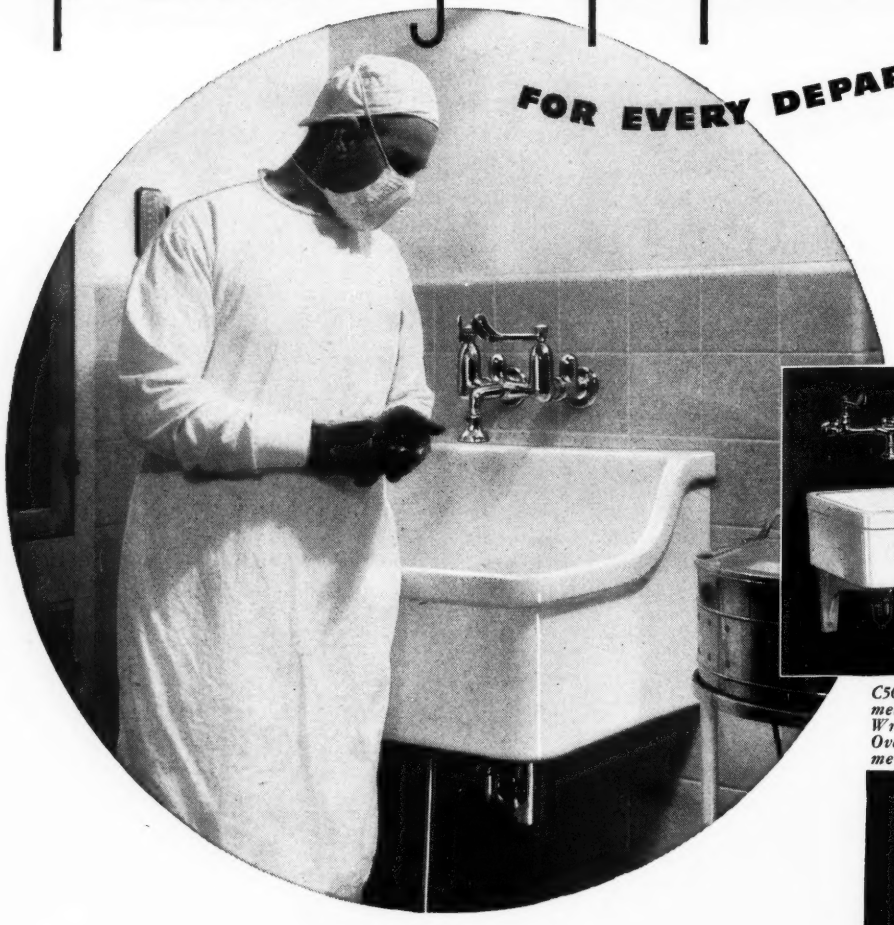
SILK

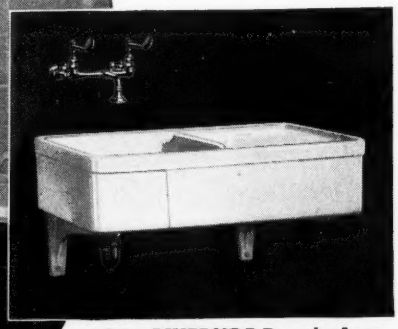
ETHICON *Sutures*

Johnson & Johnson
LIMITED MONTREAL

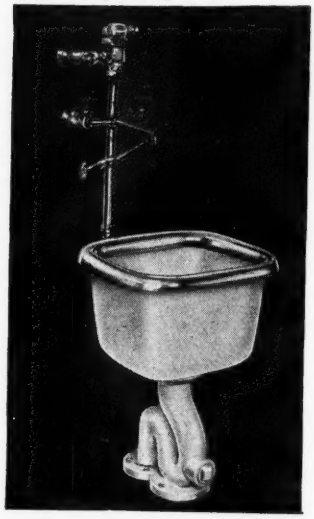
plumbing equipment

FOR EVERY DEPARTMENT





C5614 RIVERSIDE Duraclay Instrument Sink. Integral instrument tray. Wrist action blade handles 2" spray. Overall size—42" x 23"; Sink compartment—19½" x 20½" x 8½".



F330 — Porcelain enamelled inside, painted outside, cast iron service sink with cast brass flushing rim guard on four sides. Size: 22" x 20". Single spout mixing faucet with integral stops, pail hook and brace.

ONE of the fundamentals of modern operating technique is absolute asepsis. Nowhere in the hospital is the latest hospital equipment more important than in surgery. In the Crane line of hospital equipment are scrub-up sinks, service sinks and instrument sinks specially designed in co-operation with surgeons and hospital administrators to aid the surgical department in its vital work.

But surgery is only one department for which Crane can furnish all the necessary plumbing equipment. Throughout the hospital, wherever plumbing can aid in sanitation or in treatment by delivering clear sparkling water or removing disease breeding wastes—Crane has equipment exactly designed for each particular job. You can secure Crane quality equipment *now* to meet your requirements whether you need an autopsy table for replacement —new lavatories and closets for an extension of your ward facilities—or complete plumbing equipment for an addition or a new hospital. Consult your Crane Hospital Fixtures catalogue or check with your Plumbing Contractor or nearest Crane Branch for information.

CRANE LIMITED: HEAD OFFICE: 1170 BEAVER HALL SQUARE, MONTREAL 1-674

CRANE

VALVES • FITTINGS • PIPE
PLUMBING • HEATING • PUMPS

NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS and PLUMBING AND HEATING CONTRACTORS

Harvey Agnew, M.D., Editor

The CANADIAN HOSPITAL

Toronto, November, 1946 Vol. 23 No. 11

AWARD OF MERIT

of American Hospital Association

To Dr. George F. Stephens

THE Award of Merit of the American Hospital Association for the year 1946 has been conferred upon George Findlay Stephens, M.D., superintendent of the Royal Victoria Hospital, Montreal. This annual Award of Merit, a handsome gold medal, is presented to that individual "who has done the most anywhere to advance hospital welfare". The decision of the Committee is based upon an appraisal of services rendered over the years.

This award was announced at the President's Session on September 30, during the Philadelphia convention, by Dr. Henry M. Pollock of Waban, Massachusetts, chairman of the Award of Merit Committee. As Dr. Stephens was unable to be present, the Award was received for him by the President of the Association, Dr. Peter D. Ward of St. Paul, Minnesota, also a graduate of McGill University.

In announcing the Award of Merit, Dr. Pollock said in part:

"The recipient who tonight becomes a member of our Hall of Fame was President of the American Hospital Association in 1933. In this capacity he came to the meetings of the New England Hospital Association in Boston. He was called upon to speak at the luncheon meeting and, as he got up from his chair, his audience arose with him, applauding most vigorously. When he could be heard, Dr. Stephens began his speech as follows:

George Findlay Stephens
Award of Merit

When driving to this meeting in my automobile, I came over the brow of a hill and just before me lay a beautiful valley. At its foot, I saw the usual white church, the country store and perhaps a half dozen scattered houses —a picture of perfect peace. There was a small river running through the valley and, as I drove down the winding road past the church and store, I came upon a narrow bridge crossing the river. About half way over the bridge I saw a farmer approaching, leading a small bull and as I drew up the bull settled back on his halter, completely blocking the bridge. Although the farmer pulled and hauled and used most vigorous language, the bull refused to budge. Finally the farmer yelled, 'Toot your horn! Toot your horn!' which I did, rather loudly.

The bull made one jump, went over the railing, dragging the farmer with him, and both disappeared. I got out of the car, hastened over to the railing, and looked at the scene below. There was the bull lying on his back, dead from a broken neck, and the farmer gazing sorrowfully down upon him. I called and he looked up. 'I'm awfully sorry, sir' I said, 'but you told me to toot my horn.' 'Yes, I did. Yes, I did' replied the farmer, 'but it was a hell of a big toot for such a very little bull.'

"We got the point of his story—our guest was just as modest as usual. I suspect that, in part, it is this same modesty which has kept him from being with us tonight.

"During past years, in the order named, Dr. Malcolm Thomas MacEachern, Dr. Sigismund Schultz Goldwater, Dr. Frederic Augustus Washburn, Dr. Winford Henry Smith, Dr. Arthur Charles Bachmeyer, The Right Reverend Maurice Francis Griffin, and Mr. Asa Singer Bacon, have been singled out to receive the Award of Merit. As their names are mentioned, we are reminded again of their individual achievements and of their enduring contributions to the American Hospital Association and to the hospital world. Each of them in the scope of his work and in his wide influence has been more, and much more, than merely an efficient administrator of an individual hospital. This year's selection fully measures up to the high standards set by these renowned men.

"Our recipient, as has been remarked, is extremely modest. Though somewhat reticent, he is always ready to express his opinion frankly. He possesses sound judgment, is of sterling character and unimpeachable honesty. He has served two terms as Trustee and is a Past President of our Association. He has been upon many of its important committees and was chosen to represent the Association in Paris to arrange for the first International Hospital Conference held at Atlantic City in 1929. He was a Charter Fellow of the American College of Hospital Administrators of which he was a Regent from 1937 to 1940. He served with distinction in the Canadian Army Medical Corps during the first World War, retiring with the rank of major. Since 1920 he has been an able hospital administrator. Perhaps he is chiefly known for his outstanding work in behalf of the Canadian hospitals. He has devoted much time and effort to the affairs of the Canadian Hospital Council, particularly in discussions with the Dominion Government, and was its President from 1939 to 1945.

"Our recipient is a physician, having been graduated from the College of Medicine at McGill University. As I think of him and what he has done, of his cheerfulness and courage during the illness from which he is now almost fully recovered, of how each day and all day he has continued to carry on, I like to recall what Robert Louis Stevenson said of the physician. His tribute aptly describes our recipient throughout his career and particularly now.

'There are men and classes of men that stand above the common herd; the soldier, the sailor, and the shepherd not infrequently, the artist rarely, rarer still the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and, when that stage of man is done with and only to be marvelled at in history, he will be thought to have shared as little as any in the defects of that period and most notably exhibited the virtues of the race. Generosity he has such as is possible to those who practise an art, never to those who drive a trade; discretion tested by a hundred secrets, tact tried in a thousand embarrassments and, what is more important, Herculean cheerfulness and courage.'

"Such a physician and such a man and such a hospital administrator is our recipient.

"Because of all this and more than this, the gold medal, the Award of Merit of this year, is bestowed upon George Findlay Stephens. On its face is engraved—

George Findlay Stephens
Royal Victoria Hospital
who through a distinguished career, marked by integrity and devotion to human welfare, has contributed outstanding leadership to hospitals in Canada and the United States.

In accepting the medal, President Ward stated:

"Dr. Stephens' selection for this recognition is particularly pleasing to me since Canada is the home of Dr. Stephens, and also is the land where I was born and where I received my first hospital experience.

"Occasions like this remind us of the mutual value gained by the close relations of the hospitals of Canada and the United States through the Association. While problems arising out of governmental regulations may differ, the basic problems—in building and operating the hospital, and in serving the people—are the same. The selection of Dr. Stephens for this award serves to call to our minds the contributions to hospital literature and planning that have been made by our Canadian members."

As a tangible record of the names of those whose achievements have earned them this recognition, the American Hospital Association has had hung on the walls of the Bacon Memorial Library a plaque on which is inscribed the names of holders of the Award of Merit. To this list has now been added the name of George F. Stephens.

Mr. Swanson Cancels Western Trip

Owing to serious illness which has confined him to hospital, Mr. A. J. Swanson of Toronto, President of the Canadian Hospital Council, has found it necessary to cancel his attendance at all of the November hospital conventions in the western provinces. It was necessary for him to cancel his participation in the Ontario meeting in October. His medical advisers have insisted that he forego all responsibilities of any kind for some weeks to come.

Mr. Swanson regrets exceedingly that he cannot make this trip, for he had been looking forward very much to meeting more of the members of the western associations. They, too, have missed a good deal, for Mr. Swanson has long been noted as one who does not wear kid gloves when discussing a situation and we know that he had been putting a good deal of thought on his addresses for these meetings.

To Mr. Swanson—and also to Mrs. Swanson, who is herself convalescing from a debilitating illness—the Canadian Hospital Council wishes a rapid and complete recovery.

Official Opening of Mountain Sanatorium, 1906, by Earl Grey and Lady Sybil Grey.

Forty Years of Advance

Progress and Evolution in the Care of Tuberculosis as Exemplified in the Story of the Mountain Sanatorium at Hamilton

J. H. Holbrook, M.D., F.R.C.P. (C)
Ancaster, Ontario

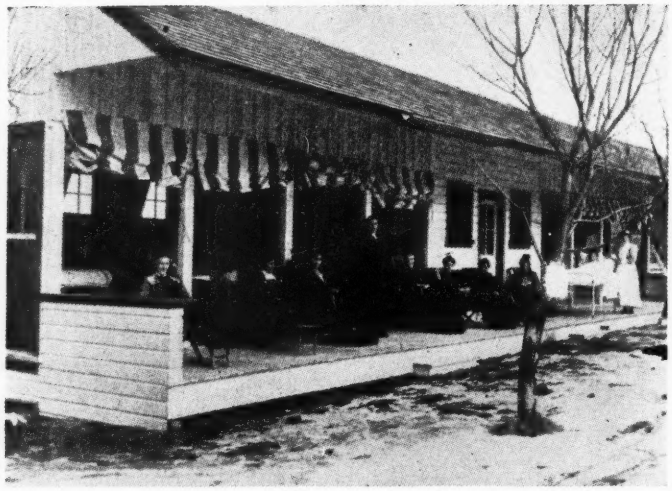
THE city of Hamilton has recently been celebrating the hundredth anniversary of its incorporation as a city, and this has served to bring to light many matters of interest in its growth. To me was given the pleasant task of preparing the story of the advances made in the field of medicine, and as this period covers the entire development of the anti-tuberculosis campaign with which I have been associated for the past forty years, it has been suggested that this would be an appropriate time to record the story of the gradual transition of the Mountain Sanatorium from its first crude beginnings to its present position as a modern and highly specialized hospital employing every scientific aid known to medicine in the effort to wipe out a menace so serious that forty years ago it was familiarly known as The Great White Plague.

The best proof that this ideal was no idle dream is to be found in Hamilton's mortality rate for tuberculosis for last year when, with only twenty-six deaths, her rate per hundred thousand was down to 14.5, as compared with an average rate of 120 to 150 and higher at the beginning of this century. And perhaps the most striking proof of the effort put into the campaign is seen in the gradual growth of the Sanatorium from a bed capacity of thirty (with twenty-six patients in residence on February 1, 1908, when I took charge as medical superintendent) to its present bed capacity of seven hundred and fourteen patients, with occasionally seven hundred and thirty or more in residence.

At that time there was no specialization, for the medical superintendent was the *entire medical staff*. My only preparation for the position,

---

There is just one thing wrong with this engrossing story of step-by-step evolution in care and finance. Dr. Holbrook modestly omits any reference to his own superb leadership in these developments. Until his retirement last year Dr. Holbrook was the medical director and guiding spirit of this great institution for some 38 years. In recognition of his service to humanity, he was named Hamilton's outstanding citizen in 1941. Both the Ontario Hospital Association and the Ontario Medical Association have honoured themselves by naming him President in recent years.



Women's Shack—1906
First permanent building for patients.

following graduation in 1906, was a period as intern at the Hamilton General Hospital for the year 1907, though today I am inclined to believe that the four years spent prior to this as a public and high school teacher in Ontario schools was of almost as much importance for this particular work as was my medical training. Actually, in looking back it is difficult to realize how little was known about tuberculosis, not only one hundred years ago, but even up to 1906. It was only sixty-four years ago, in 1882, that the *tubercle bacillus* was discovered by Robert Koch; until the actual cause was known, little advance was possible either in diagnosis or in treatment. Koch's discovery came at a very important time for civilization, for by this time the industrial revolution of the nineteenth century was in full swing. The resulting large scale immigration from rural to industrial areas in Europe and America led to crowding into densely populated communities lacking proper sanitary protection as we understand it today.

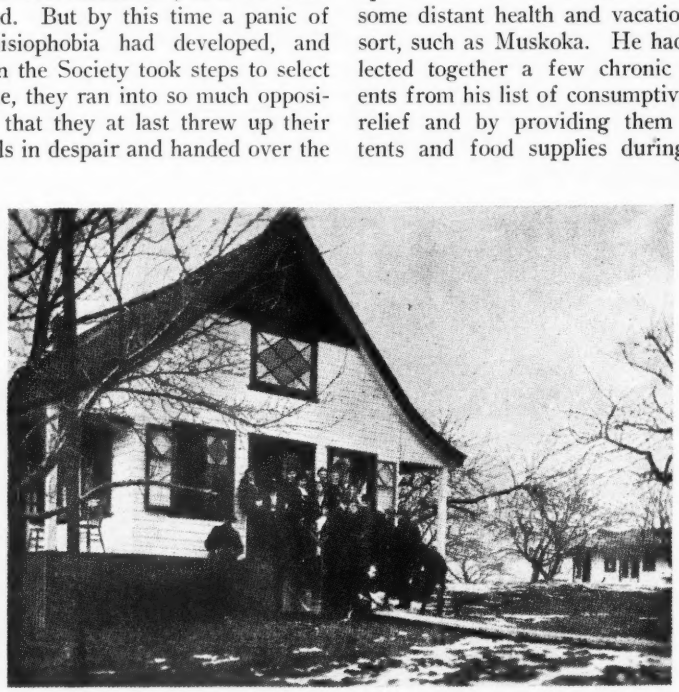
Early Efforts at Control

Among other cities of Canada, Hamilton had already commenced its development as a leading industrial centre. In the course of this development, it soon acquired a reputation for its high incidence of tuberculosis, and this gradually became a challenge to its public-spirited citizens. In fact, the origin of the anti-tuberculosis association in Canada was, primarily, a humanitarian movement of lay people and, while the first official organization was that of Sir William Gage and the National Sanitarium Association, it was not long before several agencies in Hamilton were showing their interest.

One of the first attempts to improve local conditions was made by the Hamilton City Improvement Society with R. Tasker Steele as its president; by 1903 they had actually started a campaign to secure funds for a local sanitarium, as it was then called. But by this time a panic of phthisiophobia had developed, and when the Society took steps to select a site, they ran into so much opposition that they at last threw up their hands in despair and handed over the funds already collected to the National Sanitarium Association to be used in aid of a Hamilton Pavilion at Gravenhurst.

No sooner had they dropped the project, however, than others took up the work, and among individuals may be mentioned Mrs. Samuel Lyle and Mr. J. H. McMenemy, the city relief officer.

Mrs. Lyle was encouraged in her efforts by Lady Aberdeen and the Local Council of Women, and was ably assisted by Mrs. William Southam and Mrs. Robert Evans. Just at this time, the South African War had demonstrated for the first time the fact, so well known today, that tuberculosis follows in the wake of all wars. The Daughters of the Empire had been organzied during this period to band patriotic women together in service to their country and so, when the war was over, instead of disbanding they remained organized, with one of their principal objectives that of aiding in the fight against tuberculosis. In the meantime Mr. McMenemy had been advocating the establishment of a local sanatorium and during the summers of 1904 and 1905 had been conducting an experiment to prove that treatment for tuberculosis could be carried on as satisfactorily in the open air on the mountain brow as in some distant health and vacation resort, such as Muskoka. He had collected together a few chronic patients from his list of consumptives on relief and by providing them with tents and food supplies during the



Crerar Recreation Hall—1907
With Doctor's Shack in Background

Wilcox Pavilion—1938

This fine modern "set-back" building was constructed on the original site of the Crerar Recreation Hall. It is one of the large group which makes up the "Orchard Division". The "Brow Division" is a group of buildings located some distance away on the edge of the "Mountain". Note the loud speakers set up on the lawn.

summer months, had been able to show very favourable results.

This was in line with the enthusiastic claims for the curability of the disease which were sweeping over the civilized world at that time; home treatment in tents was showing that patients who were previously thought to be doomed were frequently able to improve, and were often able to make such excessive gains in weight that the public attitude with regard to the disease was rapidly changing. This was the background when Mrs. Lyle returned from Muskoka in the fall of 1905 with the news that Messrs. Long and Bisby had offered to donate a farm well outside the city limits as a sanatorium site, the selection to be made by the ladies interested in the plan.

Mountain Sanatorium, 1906

This offer quickly brought matters to a head, with the result that the ladies succeeded in having a group of public-spirited men draw up a charter and become charter members of the Hamilton Health Association. At the same time the support of the Daughters of the Empire, with Mrs. P. D. Crerar as their municipal regent, was at once obtained. Another result was that when the Ladies' Auxiliary of the Hamilton Health Association Board was formed, Mrs. P. D. Crerar was made the president, with Mrs. William Southam and Mrs. Robert Evans as vice-presidents. It is a source of great pride to be able to record here that these three ladies continued to hold these same offices until each finally laid down life's burdens. Thus, in a very particular sense, Mountain Sanatorium has become a memorial to them and to all who gave their support as charter members.

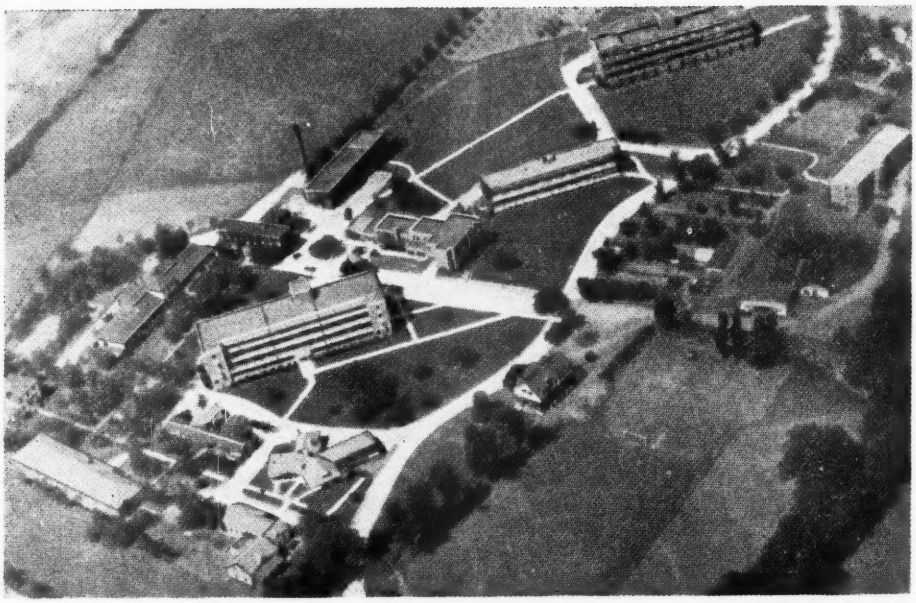
With this deep interest in the anti-tuberculosis movement, it is no wonder that when the Vice-Regal party of Earl Grey and his daughter, Lady Sybil Grey, came to Hamilton on their first official visit in the spring of 1906 before preparations for the admission of patients had been completed, the ladies desired their new venture to have the personal endorsement of His Excellency. This official opening on May 28, 1906, served also to hasten the admission of patients, for in the following week the ladies had two tents erected, and the first group of eight patients was admitted on June 4th.

Lack of Medical Care

Thus while the work was launched under this combination of a great new faith in the healing powers of nature and a sense of personal sympathy for the patients on the part of practically the entire population of Hamilton, one definite disadvantage was that very little provision was made for *medical* treatment, for this was very much a back-to-nature movement. At the outset Mr. McMenemy advanced the idea that plenty of food and fresh air were the chief requirements, and that a doctor in charge was unnecessary. In addition, the city was very unaccustomed to the modern policy of assisting indigent patients; one result of this was that the limit for a period of treatment was placed at six months, at the end of which time the patient must be discharged.

Another rule adopted by the Ladies' Board, out of a mistaken sense of sympathy, was that only curable patients were to be admitted to the Sanatorium, for they believed that if incurable cases were admitted their downhill course would create an atmosphere of discouragement which would tend to make the early, curable cases unwilling to come to their institution for treatment. Thus began the long slow process of learning by trial and error, as a result of which these simple, and often crude, conditions were gradually eliminated.

Fortunately, the medical superintendent problem was promptly solved for, before the day of the official opening, Dr. A. D. Unsworth had already been appointed as physician-in-charge. The matter of the six months' limit for treatment also soon corrected itself, for by the following



Orchard Division.

spring quite a number of the first group of patients had returned to the city, and as it was presumed that they had learned how to take the cure, they were given permission during that summer to set up tents on the brow of the Sanatorium grounds. Tents were easily obtained, but food was another matter for which neither the relief department nor the Sanatorium considered themselves responsible. The fallacy of the plan soon became very apparent when a *Herald* reporter visited the camp and gave the public an account of the conditions under which these unfortunate people were trying to exist.

The mistake of excluding far-advanced cases required a much longer time to rectify itself. At this early stage it could hardly have been avoided, for at the time there were many more advanced cases in the city than there were beds in the Sanatorium.

Home Nursing Service

From the outset, however, the Ladies' Auxiliary Board accepted responsibility for providing a home nursing service to these advanced cases by engaging a nurse to visit them in order to give instruction in protective measures and, in the case of the very sick, to assist with bed baths and other nursing care. They also made an earnest effort to carry out their conviction that far-advanced cases should receive institutional care; this was eventually made possible through the bequest by Mr. and Mrs. William Southam of $50,000, which was used for the erection of a home for incurables in 1910 on the city hospital grounds.

This, however, proved to be another unsatisfactory solution, for the institution soon came to be known as the Home for Incurables, and the unfortunate suggestion implied in the name led to the advanced cases insisting that if they could not go to the Sanatorium for treatment they would remain at home. Consequently, after a five-year period of trial, the policy was finally adopted of having all types of patients admitted to Mountain Sanatorium, and the Southam Home for Incurables was taken over by the city hospital. In this the city of Hamilton showed itself most generous by voting debentures to the Sanatorium for double the original bequest, and by giving an additional $25,000 a year later for the erection of the Brow Infirmary as a permanent, fireproof building with accommodation for one hundred infirmary patients.

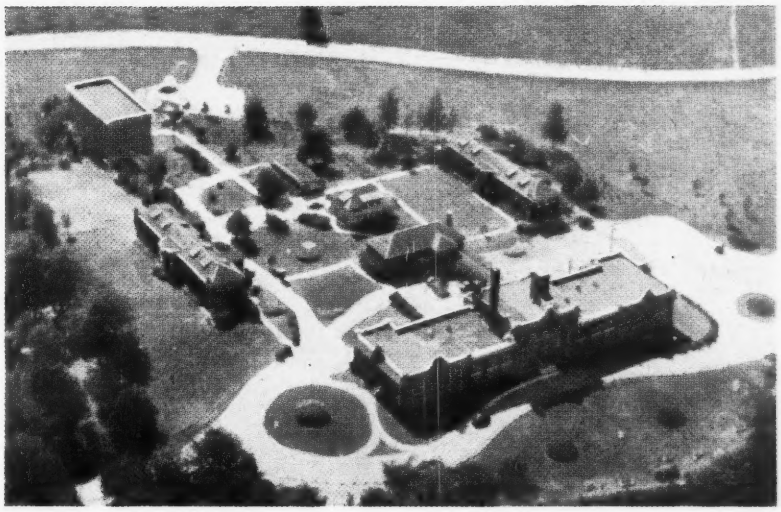
Early Difficulties

One absolute necessity for the erection of a fire-proof building is an adequate supply of water, and here again one of the original mistakes had to be corrected before building operations could be started. With the emphasis at the outset on abundance of food and fresh air, little thought had been given either to water or to sewage facilities. However, the Directors were not long in discovering that the site chosen was very unfortunate from both these standpoints. In trying to depend upon drilled wells, the water had to be brought to the surface through a deep layer of limestone, and they found that in one drilled well after another the supply soon failed. Also, the hardness of the water caused such rapid deposits of lime in boilers and pipes that replacements became a constant problem and expense. In addition, the heavy clay of the grounds made it impossible to keep septic tanks functioning properly, this again creating not only a continuous source of expense for repairs, but a continuous source of danger as well.

Thus in those early years it was gradually learned that there was no short cut to the cure of tuberculosis, that the experience already gained in the physical growth of general hospitals applied equally to sanatoria. The chief difference was the chronicity of the disease and the greater danger of recurrence, and therefore the need for accepting far more responsibility, not only for the physical, but also for the mental and even the moral welfare of the patient.

In the matter of treatment, one of

the first lessons that had to be learned was the *relatively minor importance of fresh air and forced feeding.* Gradually it came to be realized that the most essential aid to nature in the treatment of tuberculosis was REST—both physical and mental. As rest is a feature of treatment which can only be obtained through the personal co-operation of the patient, the emphasis gradually shifted from what the staff and others could do for the patient to what he could do for himself. It is this change of viewpoint which has had much to do with the success of sanatoria in general. In the case of Mountain Sanatorium, it has led in its later years to the development of a very extensive program of *educational and occupational therapy* as an auxiliary to physical treatment, thus not only providing the mental atmosphere that makes physical rest possible, but at the same time developing the student method of approach to the personal problems of the patient.



Brow Division.

Scope of Care Broadened

While this development was under way, the Sanatorium has also gradually acquired the necessary training and experience for the handling of all so-called surgical types of tuberculosis, including not only tuberculosus gland infections, which were more common in the early days than today, but disease of bone and joint, of kidney and bladder, and of other types of genito-urinary tuberculosis. Thus, while the field of responsibility has come to include not just pulmonary tuberculosis but all types of the disease, equally important has been the gradual realization that the successful treatment of tuberculosis must include the *entire individual,* in which the home, the family, and even the mentality of the patient must be taken into account.

This acceptance of personal responsibility, not only for the patient but for his entire family, is a phase of the work of which we are especially proud. Knowing the factors that led to the establishment of the local sanatorium, it is not surprising that further development followed this course. For, as already shown, it was this keen sympathy for the victims of tuberculosis which led to the agitation for a local sanatorium; most of the mistakes that have been made—as for instance the rule not to admit far-advanced cases—have been mistakes of the heart which were corrected later.

If further proof of this were needed, it can be found in the personal attitude of Mrs. Crerar, the president of the Ladies' Board. Before the first year was over Mr. and Mrs. Crerar had donated a Recreation Hall to be used for those patients' activities which were thought necessary at that time, such as games and parties and church services. At the dedication of this Hall in 1907, and in later years also, Mrs. Crerar repeatedly stated that, because of the nature of tuberculosis, a sanatorium must be a school, planned to teach the patient a new way of life.

Mrs. Crerar was also responsible for the organization of a Junior Health League, in which she hoped that young women could be trained to take the places of the older women then serving on the Ladies' Auxiliary Board. Their first duty was to assist the children in the homes of tuberculous patients, this activity coming before the role of childhood infection was fully realized. It is interesting to note that the first name of this group of younger women was the Billiken Club, a group that did any little job which came along. Later it was renamed the Junior Health League, but eventually it adopted the name of a similar organization in Toronto, the Samaritan Club, a name which very truly describes its work.

This trend of Hamilton citizens over the years has been further assisted by many other organizations and groups and even by many private citizens, who have in some cases given years of personal service. The work of such organizations as the Kiwanis Club, commenced under the personal leadership of Mr. Roy Fenwick, of the Business Women's Club, the Hamilton Board of Education, and later the staff of McMaster University, is well known. However, at each annual meeting when the work of the year is reviewed, it has come as a surprise even to the staff and directors to learn of the personal work of people previously unknown to them.

The Province Participates

Throughout all this development, one of the most worrying problems has been that of trying to have the educational work placed on a permanent basis. Back in the 1920's, when the Sanatorium was still in great part a local institution, the Hamilton Board of Education not only took all responsibility for the education of children in the Preventorium, but also paid the salary of a qualified high school teacher. But as time passed, the majority of adult patients came from outside Hamilton, and this was thought to be sufficient reason in the depression years for discontinuing this service. Then, for a few years, support for this work was solicited in the annual campaign for the Christmas Seal Sale, before

(Continued on page 92)

Food and Its Service

Sponsored by the Canadian Dietetic Association.

Planning the New Kitchen

Violet M. Ryley,
Supervisor of Restaurants,
The T. Eaton Company Limited

TO understand the real importance of the hospital kitchen, it is necessary first to take a look at the goal of a well-run hospital.

A hospital exists primarily to cure sick people. Everything—doctors, nurses, operating rooms and all people and departments—exist for this end. Food, however, has a triple function. It not only furnishes nutrition, which may in some cases be the main treatment, but it also may be the chief pleasure and the only form of entertainment and relaxation that some patients have. It may—and this is very important—be a splendid advertisement for the hospital, if the department is as good as it should be.

Some people may say, "To become famous for good food costs too much." Very *good* food or very *poor* food *may cost exactly the same,* or in some cases excellent food could be obtained for even *less* than the amount paid for poor food.

All hospitals, institutions and commercial establishments face the dilemma of rising costs. Food has risen in price, wages are up and practically all equipment has increased in price within the last few years.

The problem today is how costs can be cut and quality of food improved through better planning, routing and the wider use of electrical labour-saving equipment.

General Rules

There are three types of kitchens: (1) production kitchens, (2) combination production and serving kitchens, and (3) serving kitchens (usually with short-order equipment for steaks, chops, eggs, etc.). Hospitals may also have special diet kitchens, which may be incorporated as one department in a big kitchen or separated.

Before the plan for a kitchen is started, certain things must be known:

(a) the type of food to be served. When planning for a large hospital serving both public and private patients, the problem is more complex.
(b) the kind of service.
(c) The number of patients, staff, employees and guests which the kitchen is expected to serve.
(d) what it is proposed to prepare on the premises. Will a butcher shop be needed for meat, fish and poultry? Will breads and rolls be made or bought? Will an ice-cream plant be needed?
(e) What provision must be made for storage of stock, for lockers, employees' dressing rooms, rest rooms, etc?
(f) What space restrictions must be considered, because if floor space is restricted, planning is much more difficult.

One kitchen may serve all, or certain departments only may be common to two or more kitchens—such as butcher shop, vegetable and fruit preparation rooms, bakery (in whole or in part), production kitchen for soups, roasts, stews, etc.

Timing—the Vital Factor

As timing is the most vital factor in good cooking, location and distance from the wards becomes the greatest factor in deciding the size and number of kitchens. Too large a kitchen increases the difficulty of timing and delivery and has certain drawbacks.

May I reiterate—timing is the big problem. It is one of the essentials for retaining maximum nutritive value, flavour, colour, eye appeal and the finest quality.

The menu must take into consideration the fact that, say, *two minutes from stove to patient* is about the limit for steaks, chops, eggs, bacon, etc., if they are to be at their best. They must be served sizzling hot. Distance is disastrous.

Service is a much more serious problem than is cooking. Any delay here is fatal. Comparatively, there is no serious problem in serving soups, stews in all forms such as braised meats or poultry, fricassees, creamed dishes or vegetables in a sauce. The real problem is in serving short orders, mashed potatoes, all delicate vegetables not in a sauce, such as cabbage, buttered peas, buttered beans, brocoli, etc.

Cold food is also difficult to serve in an attractive form. Distance means expensive heating and chilling equipment. Such expense can, however, be saved in a small hospital.

A good all-over plan can be compared to a wheel with the serving room and short order kitchen (especially in a kitchen using the tray conveyor system) as the hub, and all other activities radiating out from this.

Specific Details

It is wise to have the Receiving Room large and adjacent to the vegetable storage, empties and chilled

An address to the Dietetic Section of the Ontario Hospital Association, Toronto, October 22nd.

garbage on one side and main refrigerator and grocery storeroom on the other side. The butcher shop, vegetable and fruit preparation room, bakery (with its ingredient control room), pot and pan washing departments—all should be adjoining the central hub in the most advantageous arrangement when elevators and the all-over plan is considered.

Labour-saving convenience is at the root of good planning. In many cases the splitting of refrigerators will save time and useless delay in trucking. We know it used to be considered good practice to have all food under one lock and key, except meats (and these are commonly stored in a special locked refrigerator off the butcher shop, so as to avoid loss through too much meat being carried out into a warm room at one time). The same reason now applies to vegetables and fruit. Many vegetables such as celery, spinach, cabbage, carrots, etc., should go straight to the refrigerator beside the rough vegetable preparation room. In some cases it may still be advisable to retain part of the fruits and vegetables in the storeroom refrigerator because such items as tomatoes, peaches, pears, etc., may have to be picked, sorted and resorted, to secure the finest degree of ripeness. This work can frequently be handled better by the storeroom than in a rushed preparation room.

Bakery refrigerators are also better if under a separate key, as usually bakers work at irregular hours, starting early in the morning, or even having night shifts.

Preparation Room

As greater efficiency at less cost is our object, I shall dwell particularly on the preparation of fruits and vegetables, as here possibly more money can be saved than in any other department. If planning a new kitchen, I should certainly have the main fruit and vegetable refrigerator adjacent to the preparaiton room if possible. In salad making it would mean much to remove vegetables, wash, shred, dice or slice and have them back again in a few minutes into a refrigerator to remain chilled until needed by the mixing girl. We need "refrigerator to patient chilling" of salad ingredients, chilling which may easily mean several refrigerators for salad work alone. If the main vegetable storage for root vegetables (this may or may not be refrigerated, depending on the all-over plan) could be beside the rough vegetable preparation room where the sinks, chopping tables and electric vegetable parer are located, it means a great saving in trucking.

The preparation room should be beside the rough vegetable preparation room (or sink room). It should be a room designed to eliminate fatigue and increase efficiency. It is divided into two sections. In one part, high tables have the electric slicers, shredders, graters and choppers, with special guards and splashes to ensure the safety of the workers. In the other part, workers sit on comfortable chairs at tables only 26" high, with a very narrow apron 1¼", to allow room for their knees. This is the best working height for people seated, as hands and elbows are in line, and little bending of the elbow up or down is required. If possible, this room should be bright and sunny, like a sun parlor, to increase morale. Over one hundred different kinds of food can be prepared with the utmost comfort in this room. All potatoes are eyed, raw or cooked vegetables are diced, fruits of all kinds are prepared, dried fruits are gone over, chicken bones are picked, sandwich fillings mixed, sandwiches made and box lunches packed. All pans and utensils are a certain size to facilitate handling. Whatever can be done by workers seated, can be done here. Its object is to make kitchen work attractive to workers, and in this it should be a great success.

A.H.A. Second Vice-President

Dr. Harry Coppinger, Superintendent, Winnipeg General Hospital, was elected second vice-president of the American Hospital Association. He was third vice-president last year.

Salad Department

If the patient is on a full diet, nothing can add such style and distinction to a tray as a delicious salad, but here special equipment is needed. It is essential to have:

Chilled plate refrigerator—often below the iced assembly counter.

Refrigerated ingredients — mixed or otherwise.

An assembly counter with either an iced well or one chilled with brine to hold the vessels of ingredients while the salad is being assembled.

A finished salad refrigerator to hold the salad until it is ready to go on the patient's tray.

This equipment is expensive, but very essential. Salads may be inexpensive but they add much to the variety in a diet. However, they must be flawless to be enjoyable.

Roasting Area

The old-fashioned range is definitely out. All oven work should be separate from the hot tops.

Roasting, baking and the hundred and one things that a cook can prepare in an oven can be raised to a fine art when in a separate alcove or area and given proper importance. The roast cook needs a small hot top for gravies, a table with rack below and water near at hand. He also needs a warmer for finished food, in case it must be held for a short time.

If the hospital is large, it is advisable to plan for an *ingredient control room* in the bakery. Here all supplies are weighed out by one person, according to the recipe. The worker has the method and goes ahead from one mixture to another. This is a great time saver and will help to keep down labour costs in the bakery.

Pot and Pan Washing

If building a new hospital, it would be wise to set aside an area large enough to take an electric pot and pan washer, because they are doing wonderful work in large P.W.A. kitchens in the United States. The price is outrageous at

(Concluded on page 80)

New Memorial Hospital Opened at Sackville

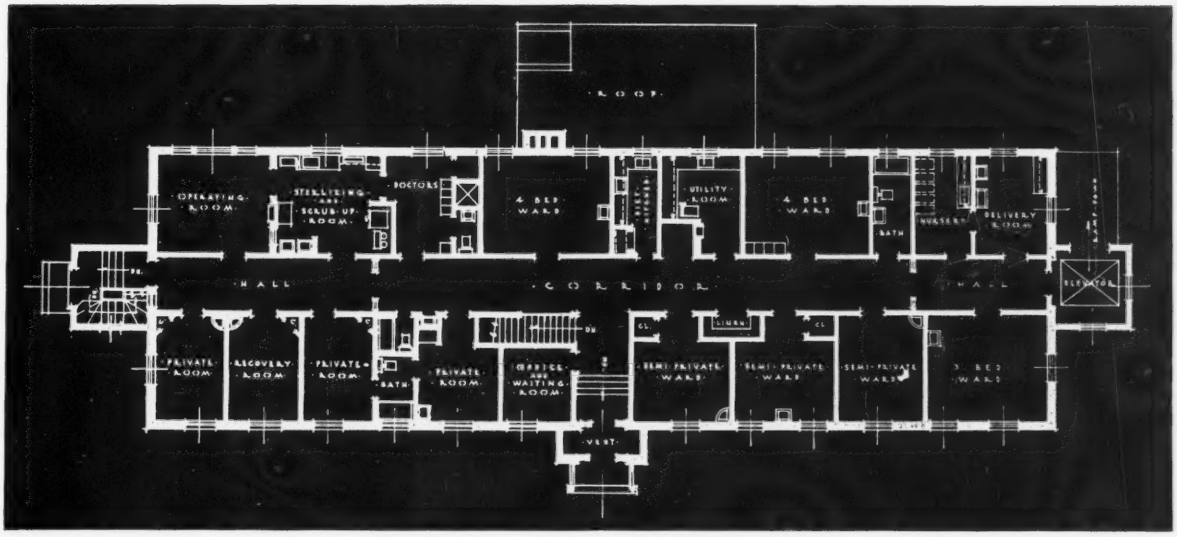
PICTURED above is the new, 25-bed Sackville Memorial Hospital which was officially opened and dedicated on August 2nd. The hospital will serve as a perpetual memorial to those sons of Sackville and vicinity who gave their lives in the second World War and it will provide hospital service to a community which has long been in need of it. Initial steps toward this project were taken by a number of public-spirited citizens about three years ago and in February, 1944, the New Brunswick Legislature passed an Act to incorporate the Sackville Hospital. The name was changed later. Trustees were named in the Act and while this group, which inincluded Mayor H. A. Beale, is largely responsible for the fine building which has been erected, the hospital is at the same time a monument to the persistent endeavour and wide generosity of the citizens of Sackville and the surrounding districts.

It was originally planned to build a 14-bed hospital and an early canvass brought in the sum of $30,000, either paid or pledged. In the course of further discussions in 1944 it was decided that a larger hospital was essential and could be maintained at a proportionately more economical rate. The finance committee canvassed the community a second time and an additional $54,000 was pledged. Plans were then drawn by the architect, Mr. Leslie Fairn of Wolfville; the contract was let to the Rhodes Curry Company of Amherst and work got under way on the actual construction. The cornerstone was laid on July 2nd, 1945, by Captain R. V. Bennett in a ceremony witnessed by more than 1,000 citizens. This event marked one of the most important community-wide projects in the history of the old Town by the Tantramar.

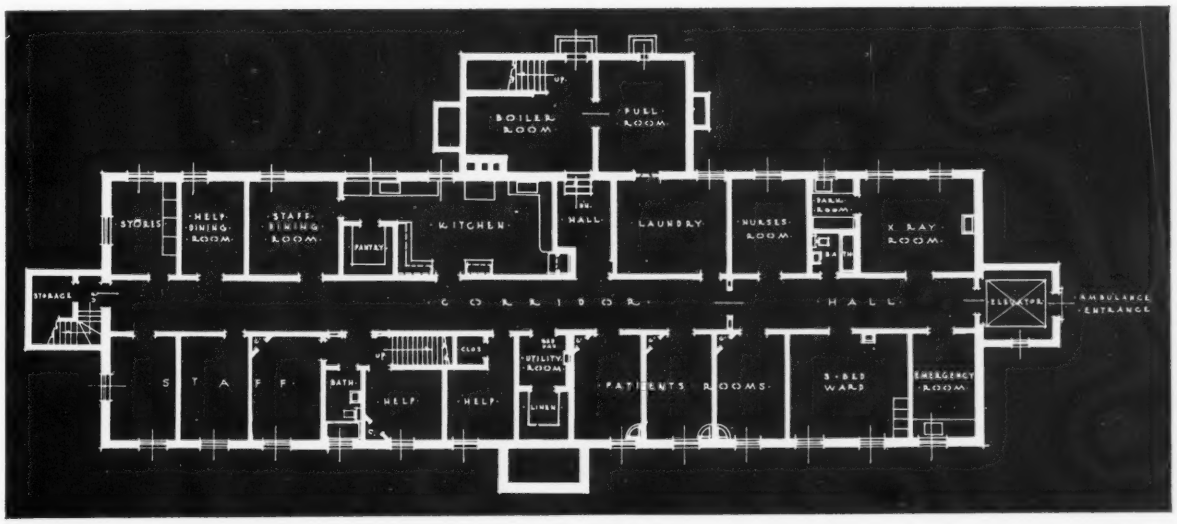
The building itself, complete with heating, lighting, decoration, etc., has been erected at a cost of approximately $75,000. The architect's fee came to about $4,000. Five acres of land, including a good house which may eventually be used as a nurses' home, coupled with the expense of grading and general improvement, involved another $10,000. The equipment and furnishing when complete will amount to a little less than $25,000. The Hospital Board, of which Mr. D. S. Fisher is President, has sufficient funds on hand to take care of all this and to start off with a modest balance for working capital. Most of the money required was contributed locally by interested citizens. About 25 per cent of the total amount was given by the Town and County Councils together and no help was received from the provincial government. One citizen, living outside Sackville, has established an endowment which will provide an annual income of $250.00 to be applied against the maintenance cost of the building. This gesture is typical of the whole-hearted support given to the new hospital by those whom it will serve.

The rooms in the building are bright with plenty of sunshine and are designed for comfort and cheer. There are four private rooms, three two-bed wards, one three-bed ward and three four-bed wards. On the lower floor are seven staff rooms which will later be made into wards and will increase the capacity of the hospital to 35 or 37 beds.

A number of special features in



Sackville Hospital main floor plan.



Ground floor. The building is 120′ x 36′ 9″.

the hospital are worthy of note. The x-ray room is entirely sheathed with heavy sheets of lead to prevent rays escaping from the room. There are safety outlets in the operating room to prevent explosion from anaesthetic fumes. Inside the entrance to the lower floor, and opposite the x-ray room, is an emergency operating room to take care of accidents, etc. There is a silent signal system which operates through small lights over the beds, doorways and in nurses' work rooms and drops a number on a signal panel. In the wards, curtains can be drawn between the beds for privacy. Floors are covered with battleship linoleum. Double windows with hinged sulsash provide insulation and keep outside noise down to a minimum. The hot-water heating system is in a room separated from the main building by concrete walls and a steel fire door. An elevator is located at the north end of the building. The arrangement by which the ambulance entrance leads through the elevator to the corridor cannot be considered ideal but was no doubt prompted by financial considerations.

Miss Jeannie Murdoch, a native of Kerrobert, Saskatchewan, is superintendent of the hospital and since February she has been at work, supervising the installation of equipment, etc. Much credit is given her for her practical suggestions concerning the organization of the institution.

Assistance has also been given by the Women's Auxiliary of the Sackville Memorial Hospital which was formed in September, 1945. Members of this organization have worked unceasingly and by their endeavours have done much to make the new building a community success.

Labour Relations Studied
at C.N.A. Biennial Meeting

LABOUR relations received much discussion at the biennial meeting of the Canadian Nurses Assocation held this summer. The Labour Relations Committee, with Miss Esther M. Beith as convenor, presented a very comprehensive report to the Association, which report has been published in the collective reports of the Association and is to appear, we understand, in *The Canadian Nurse*.

It was noted that the 1944 Committee had recommended to each province that a provincial Labour Relations Committee be set up, as distinct from their Legislation Committee; that each provincial office subscribe to their provincial Labour Gazette, and that each provincial Labour Relations Committee retain a legal advisor. These recommendations have been carried out in all provinces which have reported to date.

With respect to collective bargaining it has been definitely accepted by the national Committee that collective bargaining and personnel practice for nurses should be kept within their own association if possible, if not within their own professon.

In the majority of provinces nursing is not defined legally as a profession. In order to have nursing so defined, it would be necessary to have Nurse Practice Acts passed in each province.

Affiliation with Unions

The affiliation of nurses with trades and labour unions is causing the Committee considerable concern. "The Committee agreed that affiliation with a trades and labour union cannot offer to nurses for collective bargaining the understanding and strength that they have in their own profession; that the organization of trade unions with the use of the strike as a legal weapon of collective bargaining is not applicable to nursing service. Therefore, union affiliation should not be sought by nurses for the purpose of collective bargaining. It is recognized by your Committee that trade unions have demonstrated their interest in health and welfare services and that under certain conditions—usually through employees' association—union affiliation for nurses from a public relations and public understanding viewpoint may be indicated.

Your Committee feels that in order to preserve unity this affiliation should only be undertaken by nurses with the considered approval of their professional Association."

The following resolution was carried at the meeting:

"WHEREAS there is a trend among nurses today to become affiliated with labour unions whose legal weapon is the strike ballot, and

WHEREAS the universally accepted principle of nursing service is to ensure that there will be no interruption in essential nursing care,

BE IT RESOLVED that the Canadian Nurses Association in convention assembled go on record as being opposed to any nurse going on strike at any time for any cause."

It is realized that various forms of labour legislation, such as wage control orders, minimum wage legislation, Workmen's Compensation Acts and unemployment insurance, may affect nurses. The following resolution was submitted and carried:

"Because of evidence in correspondence from the Provincial Associations that there is need for clarification of the whole situation relating to Unemployment Insurance and its implications for nurses,

BE IT RESOLVED that a memorandum comparable to the material sent out regarding Collective Bargaining be prepared and sent to all Provincial Labour Relations Committees. This memorandum should emphasize the importance of—

(a) developing an informed nursing opinion in this regard,

(b) determining whether or not nurses wish to accept their responsibilities as citizens for this and other legislation affecting security measures or whether they wish to seek exception as a preferred group,

(c) studying the actual terms of the Act,

(d) securing clarification in interpreting the provisions on a regional basis,

(e) determining the benefits which nurses may receive under this Act."

It was also submitted and carried:

"That the attention of the Provincial Associations be directed to the advisability of a detailed study being made of the Workmen's Compensation Legislation effective in their own province, to determine the possibility of all nurses engaged in hospital work, including both students and graduates, and the staffs of public health organizations, being eligible for benefits under the Workmen's Compensation Act."

Samuel R. D. Hewitt, M. D.

In the death on October 14th, at Aurora, Ontario, of Dr. Samuel Hewitt, the hospital field in Canada has lost one of its ablest administrators and staunchest supporters.

Born in Aurora, Dr. Hewitt studied medicine at the University of Toronto and was graduated with honours in 1914. He went overseas with No. 4 Canadian General Hospital Unit, returning at the end of the war with rank of major.

Dr. Hewitt entered private practice in Toronto until 1929, when he was appointed superintendent of the Regina General Hospital. In 1932 he went to Saint John, N.B., as superintendent of the General Hospital, remaining there until ill-health forced his retirement in 1942. Since then he has lived at his birth-place.

Dr. Hewitt's interests were varied. He was an enthusiastic member of the New Brunswick Hospital Association, of which he had been president. In the international field he was a former Regent of the American College of Hospital Administrators. He was one of the prime movers in the formation of the Canadian Hospital Council and for many years was on the editorial board of *The Canadian Hospital*. In all his activities his enthusiasm and genial personality made firm friends of professional associates.

To his widow and family his many friends across the country extend their deepest sympathy.

"Great Ormond Street"

Has Enviable Record

GREAT ORMOND STREET HOSPITAL, a children's hospital in London, England, is preeminent as a training school for children's nurses and as a consultative medical centre.

It was founded in 1851 when Dr. Charles West opened an institution in an old seventeenth-century mansion at 49 Great Ormond Street for the purpose of investigating child ailments. Large reception rooms became wards and the library an outpatients' department. Dr. Jenner, afterwards Sir William Jenner, was appointed to the staff and it was while he was working there that Jenner laid the foundation of modern knowledge of rickets, a disease then prevalent in England.

A new building was completed in 1877 which served as the main hospital block for sixty years and is now a temporary outpatients' department. The present main building, a corner view of which is shown above, was opened by King George VI and Queen Elizabeth in October 1938. On each side of the entrance stand memorial vases round which are embossed dancing figures of Peter Pan. In the hospital chapel a tablet recalls the fact that Sir James Barrie bequeathed to the hospital the royalties from his famous play for children. This has meant a considerable annual revenue for the hospital.

The first impression one gathers, on entering the hospital, is that of cheerfulness and airy cleanliness. There is a tremendous number of windows and wide verandahs run all around the front of the hospital on every storey. The verandah railings are painted an attractive shade of blue and this colour is repeated in stair handrails and notice boards inside the building. The floors are covered with polished rubber and all trolleys have moulded rubber tops which can be removed and sterilized. No smokey fire-places are to be found. Wards are heated by radiation from warm ceiling panels.

The hospital is ultra modern in every way. For instance, each bed has an oxygen tap beside it so that oxygen is available at all times. There is an ingenious paging device by means of the clocks, which are electrically synchronized. Each doctor has an allotted number on the clock face. When a number flashes red the owner goes to the house phone to find out where his or her presence is required. Another mechanism of interest to busy hospital employees is found in the kitchen. This is a machine which both cuts and butters the bread. The thickness of the slices and the amount of butter used can be regulated, of course.

Patients come to Great Ormond Street from all over Britain and before the war quite a number came from overseas. There is a long waiting list of surgical cases. All types of cases are treated but the main function of the hospital is that of a consultative centre for medical and surgical cases. It is also a post-graduate medical school, receiving its students from all parts of the world.

Far reaching discoveries in medical science have been made at this hospital. Not only was it the scene of Sir William Jenner's work, mentioned above, but it was here that the modern method of removing tonsils

(Concluded on page 96)

From an article by Joan Penny, issued by the British Council, Overseas Press Department.

British Columbia Hospitals

Protest Rates for Indians

THE Executive Committee of the British Columbia Hospitals' Association, through its secretary, Mr. E. W. Neel of Duncan, has written to the Honourable the Minister of National Health and Welfare protesting the inequality of the rates paid to hospitals in British Columbia for the hospitalization of Indian patients. They have written particularly on behalf of the hospitals in the Peace River District of British Columbia and the Mainland hospitals which receive a lower amount than do the hospitals on Vancouver Island.

Dr. P. E. Moore of Ottawa, Acting Superintendent of Indian Health Services, has taken the stand that his department "will not deal collectively with hospitals but will negotiate rates with the individual institutions concerned. On no occasion will we agree to pay extras over a flat rate for ordinary hospital services. Any application for an increase in rate must be supported by a statement showing hospital costs and how the costs for public ward treatment have been computed."

The B.C.H.A. has taken the viewpoint that hospitals should not submit their financial statement to Ottawa, as the Association cannot recognize the right of the Indian Affairs Department to fix the rate at which a hospital must hospitalize Indians through its study of the hospital's financial statement. Indians are regarded in exactly the same light as other citizens, and the Dominion should not arrogate to itself privileges which the average citizen does not have and which neither the province nor its agents, such as the Workmen's Compensation Board, request.

Mr. Neel's letter, written on August 22nd, reads in part as follows:

"The rate which is being paid today for the hospitalization of Indians is $3.50 for hospitals on Vancouver Island and $3.00 for hospitals on the Mainland, with the exception of the Vancouver General Hospital and St. Paul's Hospital in Vancouver. These two hospitals receive $3.50 per diem. We have asked for an explanation of the reasons which justify a higher rate for the Vancouver Island hospitals as against the hospitals on the Mainland but so far no explanation has been forthcoming. The Peace River hospitals are serving a remote and sparsely settled district and in the Report of the Provincial Inspector of Hospitals for the year ending December 31st, 1944, the in-patient daily per capita cost of the Providence Hospital was put at $4.77 and the operating deficit at $8,620.

The $3.00 per diem or, in the case of the Vancouver Island hospitals, the $3.50 per diem rate paid by the Indian Department is an inclusive rate and in return for this the hospitals are expected to provide operating room and case room facilities and x-ray examinations. Doctor Moore regards these services as "routine hospital services", but they are not so regarded by the Canadian Hospital Council or indeed by any other Government Department.

For some time past the W.C.B. has been paying the B.C. hospitals $3.50 per diem for the care of injured workmen and $4.00 to some of the larger hospitals which provide physiotherapy treatment. I am now informed that, as of September 1st, 1946, these rates will be raised to $4.00 and $4.75 respectively. The Workmen's Compensation Board also pays for the use of the operating room when the patient's stay in hospital is not longer than six days and for x-ray examinations.

The Dependents' Board of Trustees pays the current charging rates of the hospitals. It also pays for extra services such as x-ray examinations and the use of the operating room and case room.

The Department of Veterans' Affairs pays a $3.50 per diem rate and also pays for the use of the operating room and for x-ray examinations.

In view of the low rate paid by the Indian Department, it is not surprising that hospitals are averse to accepting Indian patients.

As a result of the recent Order issued by the Provincial Department of Labour and made effective as of July 1st, 1946, enforcing a 44-hour week and a minimum weekly wage of $18.00 for all hospital employees with the exception of graduate nurses, hospital operating costs have been largely increased. The extra cost to the Providence Hospital will be approximately $2,700 per annum and to St. Joseph's Hospital at Dawson Creek $3,732. For the purposes of this Order, V.A.D.'s, nurse aides and practical nurses are not given the status of graduate nurses, and the restriction of their hours of work to forty-four per week has made it necessary for nearly all the hospitals in the Province to engage extra employees.

A large number of the hospitals in this Province are now charging $4.00 per diem for public ward care and, in view of steadily rising costs, I expect this rate will very shortly be in force in every British Columbia hospital. It is difficult to see how the Indian Department can expect the B.C. hospitals to hospitalize Indians at a rate which is not only far below cost but is also far below what is charged to the general public.

This Association is ready at all times to co-operate with your Department, and when the Hospital and Medical Care Branch of the Indian Affairs Department was transferred to the Department of National Health and Welfare, it was our hope that a more generous policy would be inaugurated and that the Indian rate question, which has been the cause of continual friction between the hospitals and the Indian Department, would be solved in a mutually satisfactory manner.

There is no difference in the treatment given to Indians and that given to other classes of patients and this Association hopes therefore that you will not only give further consideration to the request of the Providence Hospital (Fort St. John) for an increased rate but that, pending a final settlement of the rate question, the Mainland hospitals may be put on an equality with the hospitals on Vancouver Island and a uniform rate established throughout the Province.

I have the honour to be, Sir,
yours obediently,
"E. W. Neel",
Secretary, B.C.H.A."

It is understood that this situation will be discussed at length at the forthcoming hospital convention in Vancouver. It has not helped the situation in British Columbia that the Acting Superintendent of Indian Health Services has been able to assert that, with the exception of British Columbia, the average hospital in Canada will accept $3.00 per diem or less as an inclusive rate—a rate much below present day costs.

International Banquet at Philadelphia

A feature of the A.H.A. meeting was the International Dinner arranged by the Council on International Relations of which Dr. M. T. MacEachern is chairman. Official guests from some 22 countries were present and were guests of honour. President Peter Ward presided; Dr. MacEachern and Dr. Harvey Agnew spoke on the objectives and plans of the Council and Past President Donald Smelzer introduced the 45 special guests. The Honourable William Benton, Assistant Secretary of State, Washington, was guest speaker.

Comments on a Great Meeting

THE 1946 Philadelphia meeting of the American Hospital Association was the largest in its history. Some 4,500 delegates were registered and, counting exhibitors and all who attended or participated, there was probably a total attendance of well over 6,000. The program followed key themes and was particularly practical and helpful. Some viewpoints expressed are worth passing on:

- We must pay fair wages and continue to build no matter what the cost.
- The trend is to bring public and private facilities more to a common standard. Robin Hood tactics should be dropped and private patients should not be considered as a source of revenue to meet deficits. Ward service should be put upon a cost basis. *(Stanley Howe.)*
- Bad personnel practices stimulate the formation of unions. Many employees join unions because of frustration. They feel they are being kicked around, have no way to get their grievances to the management and lack recognition as individuals. "Grievance drainage" is vital. *(Frederick H. Harbison, Ph.D., Industrial Relations Centre, University of Chicago.)*
- One is critical of the superintendent who never gave a thought to personnel relations until he had to. You cannot correct ten years of errors in a month—or think that you have solved your problem by appointing a personnel officer.
- Blue Cross membership is growing at the rate of 50 people per minute of the working day. There are now 24 million participants.
- Hospital per diem costs in the United States now run up to $11.00 —$16.00 per patient day. Some are still higher. And there is little sign of the upward curve flattening off.
- The low enrolment of pupil nurses is giving much concern. Recruitment is just under 60 per cent of the need and the present rate of enrolment is only two-thirds of the 1945 rate for the corresponding period. Yet educational courses in other fields are swamped. There is a shortage, too, of 41,000 graduate nurses.
- A factor may be the lack of understanding in some schools of the problems of the 'teen-age girl. There is a lack of social and guidance counsel. Only 60 per cent of the schools had a student council in 1945. *(Edith H. Smith, Dean, School of Nursing, Syracuse University)*
- The greatest waste of medical manpower is in the first 5 to 10 years after completion of training. We have enough doctors now per unit of population if there were better distribution and better training. *(Williard C. Rappleye, M.D., Dean, College of Physicians and Surgeons, Columbia University)*
- Nineteen states and Hawaii have licensing for practical nurses.

Dr. Peter Ward, the President, the hard-working Secretary, Mr. George Bugbee and their large staff

New A.H.A. President

John H. Hayes

Superintendent of Lennox Hill Hospital, New York City, who succeeds Dr. Peter Ward of St. Paul, Minn., as President of the American Hospital Association.

Left to right—Mr. Dean Conley, Chicago, Executive Secretary, American College of Hospital Administrators; Mr. Edgar Hayhow, East Orange, N.J., President-Elect, American College of Hospital Administrators; G. Harvey Agnew, M.D., Toronto, Secretary, Canadian Hospital Council.

Mr. John Hornal, superintendent, Peterborough Civic Hospital, Peterborough, Ont.; Miss Jean Phemister, Victoria Foundation, Morris Plains, N.J.; Mr. J. H. Roy, superintendent, Hopital St. Luc, Montreal, P.Q.

of assistants deserve much credit for the excellence of the countless arrangements which had to be made.

The Hospital Survey

A feature of the meeting was a symposium reviewing the tremendous survey now being made of hospital facilities and needs in the United States by the Commission on Hospital Care, of which Dr. A. C. Bachmeyer is director of study. The 700-page report embodies some 175 specific conclusions and recommendations. This study, in which the Government and various associations, foundations and other bodies have participated, is closely linked in with the federal plan of aid for the expansion of hospitals.

Each state is expected to supplement the national study by a more detailed one of its own facilities and needs. A pilot study of an exhaustive nature has been made in Michigan and it is hoped that this study will be used as a model in other states.

The survey reveals a need of 195,000 additional general hospital beds (39 per cent increase over present facilities) at an estimated cost of $1,800,000,000.

Some 25 per cent of the present 503,000 general hospital beds are obsolete or otherwise not satisfactory and should be replaced.

There should be larger, more comprehensive facilities, eliminating many present small hospitals. (The Michigan study indicates a possible reduction of 40 per cent.)

The term "hospital" would not be applied to institutions of less than 50 beds capacity. These would be called nursing unit outposts.

Construction should be directed to providing certain standards of service, rather than beds per thousand of population.

The Commission outlines an inter-

Mr. Ralph Gale, Superintendent, Saint John General Hospital; Mr. M. B. Wallace, secretary-treasurer, Toronto Western Hospital; Dr. W. E. Martin, assistant superintendent, Toronto East General Hospital; Dr. J. G. Turner, Mount Sinai Hospital, New York; and Dr. C. C. Clay, Grady Hospital, Atlanta, Ga.

Among other Canadian visitors to the A.H.A. meeting were (right): Sister Mary Joseph and Mother Ignatius, Mother House of the Sisters of St. Martha, Antigonish, N.S.; Dr. J. C. Mackenzie, hospital consultant, Montreal.

Mr. A. W. Smith, assistant superintendent, Royal Victoria Hospital, Montreal, and Mrs. Smith, in jovial mood at Philadelphia.

Dr. W. R. Slatkoff, assistant superintendent medical, Montreal General Hospital; Mr. R. R. Copeland, superintendent, Memorial Hospital, St. Thomas.

Dr. Harry Coppinger, superintendent, Winnipeg General Hospital; Dr. Dougald McIntyre, superintendent medical, Municipal Hospitals, Winnipeg.

linking hospital system of complete medical centres in large communities and smaller hospital, health or medical service facilities elsewhere.

There should be much closer coordination than at present between the different types of hospitals. More organic integration was recommended. Full use should be made of voluntary hospitals.

Managing boards of hospitals, including governmental, church and private (i.e. voluntary to us), should include representatives of the public.

Many other features — professional and technical education, group medical practice, etc.—are considered in the report. In the words of the Commission Chairman, Dr. Thomas S. Gates, president of the University of Pennsylvania:

"If this program fulfills its objective, it will become the blueprint for a voluntary organization and development of hospital services and facilities that will offer all people everywhere within our country an excellence of hospital care never heretofore attained."

Finances Sound

The Association has reported a good year. Increased dues have permitted much expansion of the work. Income for 1945 totalled $445,214.21, of which $324,662.29 was from membership dues and minor sources and the balance from "Hospitals" and the Directory. The income would have been $45,000—$50,000 greater had the 1945 convention been held. Expenses totalled $373,210.03, some $119,222.44 being for the magazine and the Directory and the balance for general work. That left a net income of $72,004.18.

There has been some thought given to moving the headquarters to Washington but it has been decided to remain in Chicago for the next few years at least.

Many Canadians Attend

Among the many Canucks noted at Philadelphia were:

Sister Ignatius and Sister Mary Joseph of Antigonish; Sister Mary Angela and Sister John Baptist of Charlottetown; Sister Anna of Spring Hill, N.S.; Ralph Gale of Saint John; Dr. W. H. Delaney of Quebec; Dr. L. O. Hebert of Sherbrooke; A. J. Chopin, E. D. Millican, A. W. and Mrs. Smith, J. H. and Mrs. Roy, Dr. J. C. Mackenzie, H. C. Allnutt, Sister Mary Amy, Sister Noemi, Dr. W. R. Slatkoff, Walter Hatch and S. B. Cuthbert, of Montreal; H. Gordon Hughes of Ottawa; John Hornal of Peterborough; Stanley Martin, M. B. Wallace, Pearl L. Morrison, Dr. S. G. Fines, Anne C. Campbell, Harry and Mrs. Haynes and Mr. Tucker of Toronto; Dr. Miles Brown, J. A. Bartholemew and D. T. Bell of Hamilton; W. T. Englestadt of Niagara Falls; L. R. Bedford of Grimsby; Helen Potts and Eleanor Watson of Woodstock; Dr. L. J. Crozier and Mary Crossman of London; R. R. Copeland of St. Thomas; Priscilla Campbell and Edythe Patterson of Chatham; Horace Atkin of Windsor; Doctors Harry Coppinger, Dougald McIntyre and Morley Elliott of Winnipeg; Leonard Goudy of Saskatoon; Sister Herman of Calgary; Sister O'Grady of Edmonton; and Dr. R. A. Seymour of Vancouver.

Many New Members at A.C.H.A. Convocation

An unusually large number of candidates were admitted to membership and fellowship at the twelfth convocation of the American College of Hospital Administrators held in Philadelphia on September 29th. This was in part due to the fact that a convocation was not held last year because of the Government's request that all conventions be cancelled. Altogether, at this convocation, some 140 nominees, 78 members, five fellows and two honorary fellows were admitted to the College. The following Canadians were listed among those received:

Members.

Sister Alice Marie Herman, Calgary, Alberta; Mary J. Crossman, London, Ontario; William H. Delaney, M.D., Quebec, P.Q.; Sister Paul of the Cross, Glace Bay, Nova Scotia.

Nominees.

Horace E. Atkin, Windsor, Ontario; Donald M. Cox, Winnipeg, Manitoba; John E. deBelle, M.D., Montreal, Quebec; James Barnes, Calgary, Alberta; Leith J. Crozier, M.D., London, Ontario; Arthur W. Smith, Montreal, Quebec.

None of the Canadian administrators were listed among those honoured with fellowships but one of the five was Mr. Carl Flath, now of Honolulu, Hawaii, who was administrator of the Wellesley Hospital in Toronto for several years.

Honorary fellowship was conferred by Dr. Claude W. Munger of New York, President of the College, upon Dr. Ignacio Gonzalez, General Director, Central Charities and Welfare Board, Santiago, Chile, and Dr. Thomas Parran, Surgeon General of the United States Public Health Service, Washington, D.C.

Guest speaker at the large dinner held that evening was the Reverend Henry J. Cody, D.D., L.L.D., C.M.G., Chancellor of the University of Toronto, whose unusual address received much commendation and was stated by many who were present to be one of the finest, if not the finest address, ever given to the College.

Dr. Frank R. Bradley of St. Louis, Missouri, is the new president of the College and Mr. Edgar Hayhow, Ph.D., of East Orange, New Jersey, is president-elect.

Graham L. Davis
President-Elect A.H.A.

The choice of Graham L. Davis, director of hospitals for the W. K. Kellogg Foundation, as A.H.A. President-Elect was a popular one. Formerly of the Duke Endowment in the Carolinas, Mr. Davis has played a leading part in developing rural hospital facilities and it was in large part due to his groundwork that the national survey by the Commission on Hospital Care was undertaken. Mr. Davis has made survey studies recently in Manitoba and British Columbia and has been a speaker at Ontario meetings.

Glimpses of

Zanzibar Hospital

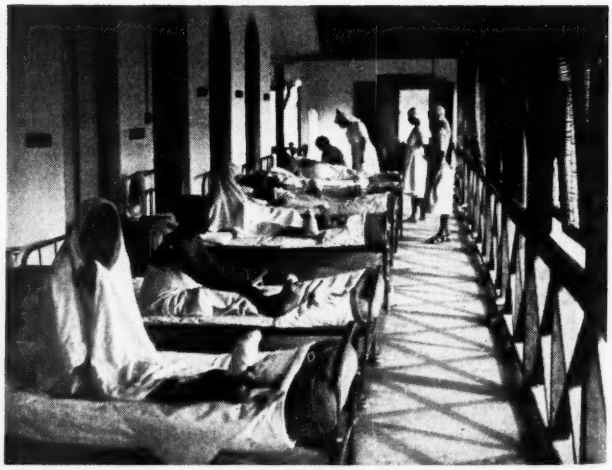
British East Africa

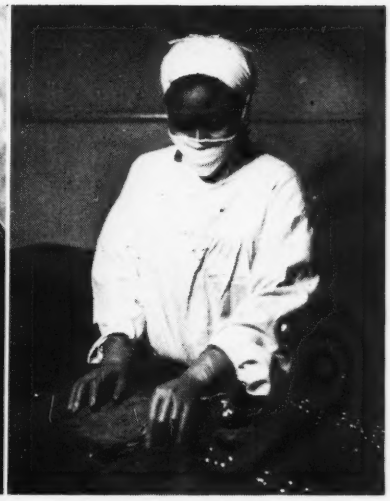
Top—Matron (right) with one of her Bombay trained nurses, a Christian Indian.

Centre—Entrance to the European section of the hospital.

Below—The matron on her daily tour of inspection of the wards. The verandahs with their light screening are practically wards.

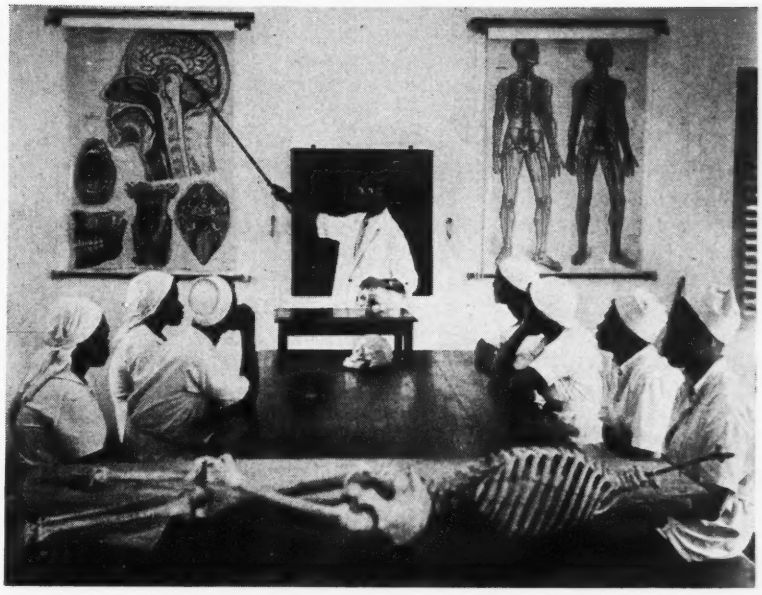
THE Zanzibar Hospital is providing excellent service to this area in British East Africa. The hospital comprises a European section, an Asiatic section and an African section. Dr. J. C. Earle is S.M.O. of the Medical Services in this area and Dr. Blackaby is Acting Specialist officer in charge. The dental surgeon, Dr. Mohammed, is a Zanzibar Arab trained at the American university at Beirut. The dispensers, trained in India or Kenya, dispense for the 16 dispensaries on the Island.





Upper left—There is a children's ward in which parents are encouraged to leave their children if frequent treatments are necessary.

Upper right—Fully qualified operating room nurse. This nurse is married to the assistant curator of the Zanzibar Museum. Her baby won first prize at a recent baby show.



Right—Lecture on anatomy being given by an assistant medical officer trained at Makerere College in Uganda. An important function of this hospital is to train nurses, midwives and attendants, not only for Zanzibar Hospital itself but for units in Pemba and for maternity centres now being planned for rural districts.

Left—Weighing the children at the bi-weekly baby clinic. The Zanzibar Medical Department considers the mother most important for spreading appreciation of good health and hygiene.

(British Official Photograph. Crown Copyright Reserved)

Obiter Dicta

Blue Cross and Strikes

TO what extent should Blue Cross plans "carry" subscribers and their families when the contributing member is on strike? This question arose this fall when Plan for Hospital Care, Ontario's Blue Cross Plan, was asked to retain subscribers in good standing when subscription payments were interrupted because of strikes in several large Ontario plants.

Involved in this question are Plan for Hospital Care, managements of strikebound industries where employees are enrolled in Blue Cross, the strikers and the labour unions. All are deeply concerned because no one wants to see suffering result from lack of necessary hospital care. At the same time it must be kept in mind that Blue Cross is operated on a nonprofit basis and subscription payments must be made to provide funds for current hospitalization. It is only in this way, and by maintaining the principle of group enrolment that Blue Cross can provide maximum benefits at the lowest possible cost to subscribers.

Much thought has been given to finding means whereby strikers may retain their Blue Cross protection. Plan for Hospital Care, management, employees and unions alike have been seeking a way which would help those on strike and at the same time be fair to companies and to the many thousands of other Blue Cross participants.

One company co-operated by making deductions for Blue Cross subscriptions from vacation pay due their striking workers. Other companies, in the interest of their employees and the families who might lack needed hospitalization without Blue Cross, have expressed willingness to carry the subscriptions until the men return to work. The employees, of course, are expected to make up the arrears. The Board of Administration of Plan for Hospital Care has agreed to share the responsibility with the companies, for a period of two months, in order to help tide over a distressing time.

Another solution might well be found in the fact that the unions concerned in the strikes have funds, part of which could be used to save members from falling in arrears of their Blue Cross subscriptions. We hear much about levies for welfare work by the unions. Why could these funds not be utilized for this purpose?

It is a tribute to Blue Cross Plan for Hospital Care, as a service in the public interest, that the majority of the principals in the strikes, on both sides, recognize the value to the individual, the family and the community of non-profit pre-paid hospital care and that, although they differ in the approach to the problem of keeping the protection in force, they have tried to reach a reasonable and equitable solution.

Nursing Situation Serious Across the Border

DISCUSSIONS with hospital and medical leaders in the United States soon reveal a far-reaching concern over certain trends in the nursing field in that country. This was obvious at the A.M.A. meeting in San Francisco and much more so at the A.H.A. meeting in Philadelphia last month. The shortage, both of graduates and of student nurses, is bad enough and may precipitate a radical revamping of nursing duties and assignments, and also developments in licensing legislation. But of even greater concern to many, including leaders in the nursing profession, is the disturbing change in the attitude of so many younger nurses towards their work.

Several key administrators have commented on the number of capable and well-qualified nurses who are refusing to accept posts of responsibility. Salaries, now generally very good, are not always the factor; many resign, or refuse to accept a senior post, agreeing that the salary is all right but they would sooner not assume such responsibility. Why should this be? Nurses and others willingly assumed tremendous responsibility in the Services and acquitted themselves exceedingly well.

One astute observer expressed the opinion that a major, though unrecognized, factor may be the attitude now being inculcated into the minds of many employees to resent the authority of those with executive responsibility. A person who, by reason of ability and conscientious effort, warrants promotion, hesitates to accept it because that would separate him from his fellows—as one person put it, make him an outcast from the crowd. Another factor, frequently expressed, is that it is increasingly difficult to do a job well because of the frequent lack of willingness on the part of subordinates to carry out

orders properly or, in some instances, to accept orders at all. If these are major reasons the situation is indeed serious.

The professional status of nurses in the United States is being seriously questioned by many administrative and medical leaders who deprecate recent developments. Unionization of the nurses in some of the states has resulted in a definite loss of confidence that they can retain professional status. There is a widespread feeling that most unions today have lost all semblance to craft guilds for improving the quality of their work and have become dominated by the cry of more money for less (and often poorer) work. Perhaps this phase will pass and be replaced by emphasis upon quality and efficiency; perhaps, too, the hesitancy of some hospitals to meet prevailing working rates and schedules has led nurses to seek union affiliation. Nevertheless Dr. N. W. Faxon of Boston expressed the opinion of many when he stated: "Nurses must realize that they cannot operate as a professional body and at the same time as a labour union."

There is, too, general reluctance on the part of hospital leaders to accept the nurse associations as bargaining agents. This was apparent at the Mid-Winter Conference in Chicago. The American Nurses Association in September (See page 58) approved the "greater development of nurses' professional associations as exclusive spokesmen for nurses in all questions affecting their employment and economic security"; in other words, as bargaining agents. Although the American Hospital Association statement of policy issued at the Philadelphia meeting in October did not deal directly with this statement, there is the assumption in the final paragraph (see page 58) that the A.H.A. believes that these matters of internal relationships are primarily the concern of the individual hospital, with the hospital association providing advice and counsel only.

On this point there would seem to be a different attitude in this country. Here, as indicated in our May issue (pp. 28-30) opinion is general among hospital leaders that these matters cannot really be settled satisfactorily at the level of the individual hospital, that collective bargaining is in keeping with the times and that, if a bargaining agent is to be named, it is infinitely better to deal with a professional association than with a trades union directed or influenced by outside organizers and agitators. Our hospital and nurse associations have done much already to clarify situations by co-ordinated action and we feel strongly that this policy offers the best approach to our future problems.

Bogus Interns

WIDESPREAD publicity was given in September to a story about a man who, posing as a medical graduate, obtained an internship at the Metropolitan Hospital in Windsor, Ontario. This publicity is unfortunate for it cannot help but weaken public confidence, despite the fact that both the intern committee and the administrator did more than is usually done to verify the credentials of applicants.

This man, Howard L. Groves, had all the credentials identifying him as a major in the U.S. Medical Corps. He had membership cards in medical organizations. He even had a "medical certificate", which on investigation proved to be a photostatic copy of that of some doctor which had been photostated with Groves' name placed over that of the *bona fide* doctor. He claimed to be a 1940 graduate of Washington University, St. Louis (an approved school) and to have served an internship at Barnes' Hospital. He even had a "wound" suffered while on combat duty in the Pacific area. His medical knowledge was remarkably good—superficially at least—and it was only when he signed for narcotics and, later, when some disappeared, that the administration became suspicious. By the time checkups at Barnes' Hospital and at the A.M.A. office revealed that he was unknown, he had fled to Michigan, where he opened an office at Flint, joined the Flint Medical Society and even signed death certificates and requisitioned narcotics.

This illustrates the difficulty in detecting some of these imposters despite routine and even unusual care. Fortunately this man did no apparent harm to patients, although it might well have been otherwise. Hospital committees cannot exercise too much vigilance in checking the credentials of applicants. Canadian hospitals seem to be targets, too, for graduates of certain American medical schools which do not appear on the list approved by the American Medical Association. Committees in doubt should write to the Canadian Medical Association or to this office.

A Well-Deserved Bouquet

TO say that someone holds a unique position in the hospital world is usually a pretty but not very accurate compliment, indicating, perhaps, exceptional ability in a sphere in which others are working and have worked. To find a new niche of service in a field of activity as old and well-established as hospital work is indeed remarkable. Yet such a pioneer is Mrs. Oliver W. Rhynas, who retired last month as president of the Women's Hospital Aids Association of Ontario.

It was Mrs. Rhynas who was largely responsible for the growth of the Ontario association and who stimulated the formation of other provincial and state aids associations, as well as women's aids in so many individual hospitals. The value of the work done by these groups of loyal women, especially during the troubled years just behind us, can never be measured. In fact, one prominent hospital authority has declared that he would not think of trying to run a hospital, large or small, without a hospital aid.

It is interesting to note that Mrs. Rhynas herself feels that the most important part of an auxiliary's work is not the material and financial help which they give their hospital—valuable though this may be—but their function as "ambassadors of goodwill" between the hospital and the community it serves.

In paying tribute to Mrs. Rhynas we honour also her hundreds of co-workers and the great ideal of service which they exemplify.

Personnel Problems and Policies

Loom Large at O.H.A. Meeting

By Jessie Fraser

THE annual convention of the Ontario Hospital Association which was held at the Royal York Hotel on October 21, 22, 23, had a record attendance of over 800 delegates, all intent upon earnest discussion of the many problems with which hospitals are faced today. Among those present were visitors from the Maritimes, Quebec, from several centres in the United States and also there were two representatives of the Cape provincial government in South Africa who arrived in Canada just in time to attend this meeting. They were the Honourable G. M. H. Barrell and Dr. D. A. Van Binnendyk. Delegates were delighted to meet again everybody's friend, Dr. Malcolm MacEachern of the American College of Surgeons who, as ever, was active in spurring on debate in the various sessions. They were also glad to welcome Mr. George Bugbee, executive secretary of the American Hospital Association. It was a matter of deep regret that Mr. Arthur Swanson, president of the Canadian Hospital Council, was unable to be present due to illness. The program progressed smoothly under the chairmanship of the president, the Reverend J. G. Fullerton.

Personnel Relations

At a symposium on personnel relations the value of a personnel officer was emphasized. It was made clear that this officer should act in an advisory capacity only—his not to hire or fire but he should screen all applicants for positions so that only those who are suitable are interviewed by the department heads who engage them. He should always be a friendly liaison officer between management and employees.

It was pointed out that in the hospital field it is especially necessary that each and every employee be made to feel that he as an individual holds an important place in the work of the institution. This is not always easy to do because, to quote Mr. C. K. Lally of the Bell Telephone Company, "it is possible that the high technical skill of the doctors and nurses in the hospital tends to make the work of the other grades of employees seem less important than it really is". A sound personnel policy, which includes fair rates of pay, a minimum of overtime, reasonable working hours, holidays and a pension plan, will help to counteract this danger. In connection with the dismissal of employees, Mr. Sparrow of the Toronto Board of Trade industrial relations committee suggested the "tribunal method" under which an employee, whose work has been questioned, may select three members from a tribunal board to review his case. Then too, to quote Mr. Sparrow, "stuffed shirts in business are out" and this applies in even a greater degree to hospitals where professional and non-professional people work side by side.

Priscilla Campbell, Reg.N., Chatham.
Newly-elected President O.H.A.

Mr. Swanson, whose address was read by Mr. Fraser Armstrong, advised: "If you want to test the results of your personnel policy, listen to what your employees say. The fair employee wants to believe in the hospital and in the management." Happy employees become messengers of good will and can do a great deal to build up public confidence in the hospital.

Employee health safeguards were discussed by Dr. D. J. Galbraith of the Workmen's Compensation Board and Dr. Claire Brink of the Department of Health of Ontario. Dr. Brink expressed himself as being in favour of "the use of B.C.G. vaccine in selected groups of individuals such as nurses, ward aides, orderlies and interns, on a voluntary basis, of course".

Mr. F. D. Beauchamp, chairman of the Canadian Hospital Council Committee on Pensions, pointed out that it is both costly and inhuman to carry employees on the staff beyond the normal age for retiring but that this too often results in organizations where no pension plan is

The peasants used egg white

Bandages stiffened with albumen served as crude casts for the treatment of fractures among the Italian peasants as late as 1843.[1] Cheselden[2] and Belloste,[3] among others, advocated the method professionally.

Today's Casts are much more effective therapeutically—especially when made with Curity Ostic Plaster Bandages and Splints.

Consider these special features of Curity Ostic Plaster Bandages:

- wetting-out time: 3-4 seconds
- setting time: 6-7 minutes
- AMOUNT OF PLASTER DELIVERED TO CAST: 90%—compared with 65% for ready-made loose plaster bandages.
- quick drying time—effects stronger casts
- moisture-proof packaging—no preset plaster

The Big Advantage of Ostic Plaster Bandages is, of course, their hard-coated finish. You can pick up a dry Ostic bandage without dispersing loose plaster about you. And when you immerse the bandage, significantly less plaster is lost in the immersion water. To achieve these desirable features, high-grade plaster of Paris is scientifically bonded to starch-free Ostic Crinoline—an exclusive Curity product—by a special baking process.

Improvement, Speed, Economy . . . speedy wetting out, setting and drying help realize savings in time and bandages, sturdier and less expensive casts. For speed, economy and better patient care, rely on Curity Ostic Plaster Bandages and Splints—you can't do better today!

1. Biaga, Lodovico: Del Trattamento di alume Fratture con l'Apparecchio inamidato. Letter to Prof. Antonio Raikern, Florence, 1843.
2. Cheselden, W.: Anatomy of the Human Body, 7th ed. London, 1756.
3. Belloste, Augustin: Le Chirurgien d'Hôpital, Paris, 1692, p. 330.

CURITY OSTIC PLASTIC LINE
Bandages - Splints

Products of

(BAUER & BLACK)

Division of The Kendall Company, (Canada) Ltd., Toronto, Ontario

Curity REG. IN CANADA SUTURES

RESEARCH TO IMPROVE TECHNIC . . . TO REDUCE COST

offered by the management. Mr. Bugbee reported that in the United States workers now inquire about the retirement fund provided, in full detail, before accepting employment in any organization.

Shortage of Nurses

Methods of meeting the serious shortage of staff nurses were considered at length by nurse administrators. The training of nurse assistants or practical nurses who would relieve professional nurses of certain routine duties was generally accepted as an essential immediate step. The attitude of speakers toward the presence of this new group on the outskirts of the profession was well summed up by Miss Bianca Beyer of Runnymede Hospital when she quoted from *Modern Hospital* as follows: "The graduate nurse is the aristocrat of the nursing profession. All the more reason for expecting her to show nobility of character in dealing with her newly-arrived younger sister, the practical nurse."

Miss Nettie Fidler of the University of Toronto School of Nursing put forward the suggestion that the present three-year course of training for professional nurses in hospitals be compressed into two years in independent schools. "It seems probable," she said, "that if the student's time could be given entirely to learning nursing in the class-room and wards, two years' training or slightly more might produce better results than we obtain now." It was recognized that hospitals could not, of course, finance the proposed type of school. In the words of Miss Constance Brewster of Hamilton: "The time is overdue when we should seek Government recognition and support for our schools of nursing so that they may be established on a sound educational basis comparable with that of other types of professional education. In this way only can the output of our schools be made proportionate to our needs."

In a general session the suggestion that more training schools for nurses be opened in small centres throughout the province elicited the following comments:

- **"We should proceed with caution in the opening of training schools for nurses unless we have some guarantee that the educational system will be sound."**
  —Miss Priscilla Campbell, Chatham.

- **"The standard of nurse education has risen so much that if the smaller schools are to meet these standards the pupils would have to be away on affiliation for most of the time when they would normally be of use to the hospital with which they are enrolled."**
  —Harvey Agnew, M.D.

- **"The cost of establishing a school of nursing which is acceptable to the authorities from every angle is very high."** — ***Malcolm MacEachern, M.D.***

Hospital Expansion and Construction

The vital need for more bed accommodation, the difficulties facing builders today, and present trends in hospital architecture were carefully studied by a panel of experts including: H. Gordon Hughes, director, Hospital Design Division, Department of National Health and Welfare, Ottawa; Professor Eric Arthur, University of Toronto; Dr. John Mackenzie, hospital consultant, Montreal; and Dr. G. Harvey Agnew. Papers presented so much valuable data that several of them will be reprinted at a later date in this journal.

Words of Wisdom

During various animated discussions throughout the meeting the following comments were noted and should be passed on to our readers:

- **"In health matters we must pray to be kept from too great satisfaction with what exists today."***—Norman Saunders, director, Ontario Plan for Hospital Care.*

- **"A thorough medical record is the basis of all rational treatment."** — ***Dr. Harris McPhedran, Toronto.***

- **"I would not attempt to run any hospital, large or small, without a hospital auxiliary."** ***—Dr. Malcolm MacEachern, Chicago.***

- **"In the general hospital the chronically ill are relegated to a corner, from the angle of both medicine and nursing."***—Miss Pearl Morrison, Queen Elizabeth Hospital, Toronto.*

- **"A records library should be one where a 'blind man on a galloping horse' could get what he wants."**— ***Dr. W. R. Feasby, Toronto Western Hospital.***

- **"In all hospital relations it is wise to differentiate between general policy and administrative detail."***—R. Fraser Armstrong, Kingston General Hospital.*

- **"I would warn you against a sentimental attachment to old and obsolete buildings where alterations are involved. Under no circumstances that I can imagine should their design affect new building."***—Prof. Eric Arthur, School of Architecture, University of Toronto.*

- **"It is suggested that there be accommodation in the operating suite**

Ontario Conference C.H.A. Annual Convention

The Ontario Conference of the Catholic Hospital Association held its annual meeting at St. Michael's Hospital in Toronto on October 23, 24. As these dates partly coincided with those of the O.H.A. convention delegates were able to attend both meetings. An extensive program was provided and the President, Sister St. Elizabeth, presided at the various sessions. Among guest speakers were: Miss Claribel McCorquodale, Ontario Institute of Radiotherapy; Miss N. D. Fidler, School of Nursing, University of Toronto; Dr. Harvey Agnew, secretary, Canadian Hospital Council; Dr. J. G. Dewan, University of Toronto; and the Right Reverend Basil Markle, English-speaking Secretary to the Canadian Episcopate, Ottawa. Holy Mass was celebrated by Reverend Emmett Lacey on Thursday morning and the sermon following was by the Reverend Elliott McGuigan, S.J.

Officers Elected

The following are the officers elected for the coming year:

President: Sister Mary Alban, Ottawa General Hospital.

First Vice-President—Sister Mary Kathleen, St. Michael's Hospital, Toronto.

Second Vice-President — Sister Saint Philippe, St. Joseph's Hospital, Sudbury.

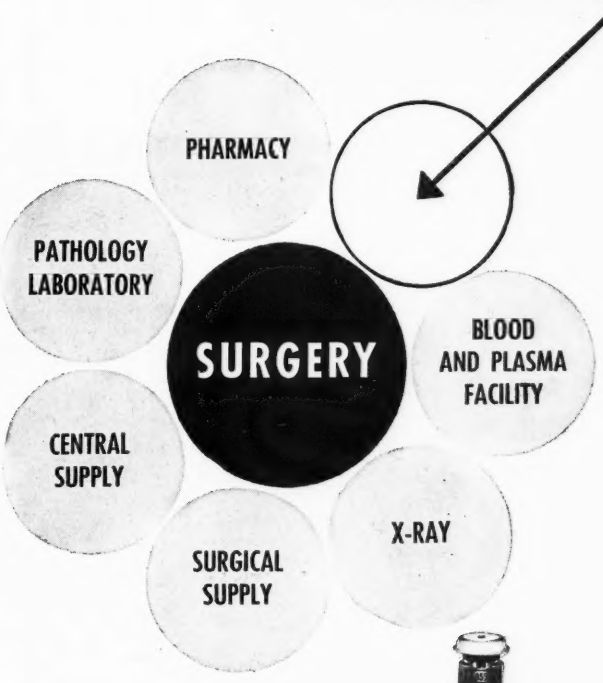
Third Vice-President — Sister Ursula, St. Joseph's Hospital, Hamilton.

Secretary-Treasurer — Sister Murphy, Hotel Dieu, Kingston.

Councillors elected are as follows: Sister St. Elizabeth, London; Sister Annetta, Toronto; Sister Byrnes, Kingston; Sister Oswald, Kingston; Sister Vincentia, Toronto.

Up-to-date Hospital Planning
provides for the

FLUIDS PRODUCTION SUPPLY



This indispensable department serves to centralize equipment for the preparation of surgical solutions, whole blood and plasma facilities.

FENWAL EQUIPMENT

is the installation of choice of many leading hospitals throughout the world, who enjoy the benefits of low-cost surgical solutions, as required. Of economic significance, a major proportion of Fenwal Parenteral Fluid equipment is essential to the blood bank facility as well.

The simplicity of Fenwal equipment is such that it can be accurately and safely operated by any trained attendant. The Fenwal technic of producing sterile fluids is actually far less difficult than that of collecting blood and producing plasma. The service and economies afforded suggest a Fenwal equipped FLUIDS PRODUCTION SUPPLY as a logical "must."

ORDER TODAY or write immediately for further information

MACALASTER BICKNELL COMPANY

243 Broadway — Cambridge 39, Massachusetts

Exclusive Canadian Distributors: The Stevens Companies, Toronto, Winnipeg, Calgary, Vancouver.

for a stenographer who could intercept surgeons and ask for notes on operations before the great men vanish from the vicinity."—*H. Gordon Hughes, architect, Department of National Health and Welfare.*

● "The swing toward the smaller bedded ward has been expedited to no small extent by the predominating popularity of Blue Cross plans and their provision for semi-private accommodation."—*Dr. John Mackenzie, hospital consultant, Montreal.*

Much credit for a highly successful meeting must go to Miss Pearl Morrison, Chairman of the Program Committee, as well as to Dr. F. W. Routley and his secretary, Miss Elsa Moir.

Officers Elected

Honorary President — The Hon. Russell T. Kelley, Minister of Health for Ontario.

Hon. Vice-President — Rev. John G. Fullerton, Toronto.

President — Miss Priscilla Campbell, Chatham.

President-Elect—Mr. J. M. Tutt, Brantford.

1st Vice-President — Dr. M. J. McHugh, Toronto.

2nd Vice-President — Sister M. Pascal, Sarnia.

3rd Vice-President — Mr. H. H. Browne, Fort William.

Secretary-Treasurer — Dr. Fred W. Routley, Toronto.

Board of Directors

Dr. G. Harvey Agnew, Toronto; Mr. R. Fraser Armstrong, Kingston; Mr. J. H. W. Bower, Toronto; Brig. Alice Brett, Windsor; Dr. M. G. Brown, Hamilton; Dr. L. C. Crozier, London; Mr. C. J. Decker, Toronto; Dr. J. R. Hurtubise, Sudbury; Mr. John Hornal, Peterborough; Mr. J. Clark Keith, Windsor; Sister Louise, Toronto; Mrs. W. C. Mikel, Belleville; Miss Pearl Morrison, Toronto; Dr. Douglas Piercey, Ottawa; Dr. A. L. Richard, Ottawa; Mr. N. H. Saunders, Toronto; Mr. A. J. Swanson, Toronto; Mr. C. N. Weber, Kitchener; Mr. R. J. Weatherill, St. Catharines.

The Board also includes representatives from the Nurses' section, Women's Hospital Aids, Medical Record Librarians' section and the Medical Social Workers' section.

All past presidents who are not on the Board were named Honorary Advisors.

Canadian Record Librarians Meet

The Canadian Association of Medical Record Librarians held its annual meeting in Toronto on October 21-23 in conjunction with the convention of the Ontario Hospital Association. A full and varied program, with Miss Rita Redmond presiding, was exceptionally well attended. One session was held jointly with the O.H.A. At another a film was shown by the Canadian Cancer Society. Papers presented covered the *Standard Nomenclature of Diseases,* the value of records in research, problems incident to securing medical records, the present status of medical records in Canada, and the medico-legal aspect of hospital charts. Among the speakers were: Mr. Fraser Armstrong of Kingston; Dr. Harris McPhedran, Toronto; Sister St. Cyprian, R.R. No. I, Toronto; Dr. Harvey Agnew, Toronto; Dr. W. R. Feasby, Toronto; Dr. J. Hepburn, Toronto; and Miss Charlotte Stuart, R.R. No. 1, Sarnia. Dr. Malcolm MacEachern was helpful in stimulating discussion. Miss Genevieve MacDuff, Chairman of the Program Committee, merits credit for her part in arranging a very fine conference.

Officers elected for the coming year are:

President—Miss Stella Hall, Toronto General Hospital.

Secretary—Miss Mary O'Sullivan, Weston Hospital, Toronto.

Treasurer—Miss Lillian Johnson, Hamilton General Hospital.

Bigger and Better Exhibits at O.H.A. Meeting

This year, with the war far behind us, exhibitors at the O.H.A. meeting in the Royal York Hotel, Toronto, were able to display many new and interesting items in hospital furniture, equipment and clinical supplies. While many lines are still in short supply, guests and delegates were interested in examining the contents of the various booths, collecting samples and gathering new ideas for future reference. Before the meeting, we are told, suppliers vied with one another for space on the convention floor and many were disappointed because there was not room for them all to display their wares.

Ontario Hospital Aids Hold Annual Meeting

The Women's Hospital Aids Association of Ontario held its annual conference at the Royal York Hotel during the meeting of the Ontario Hospital Association in October. A high light of the full program provided was the breakfast meeting on Monday morning. Mrs. Oliver Rhynas presided and among the guests present were Lady Eaton, Dr. Malcolm MacEachern of the American College of Surgeons, the Reverend John C. Fullerton, President of the Ontario Hospital Association, Dr. Fred Routley, Secretary, O.H.A. and Dr. Harvey Agnew, Secretary, Canadian Hospital Council.

Individual groups reported their donations to hospitals for the past year and the total amounted to $88,095. It was estimated that about three quarters of this amount had been spent on scientific equipment for hospitals. A presentation of $600 was made to Lt.-Col. the Reverend Sidney Lambert, dominion president of the Amps Association, to be used to purchase swimming equipment for that Association's new memorial centre.

Mrs. Oliver Rhynas, retiring president, who has held that office for 17 years, was presented with a handsome gold watch. Mrs. George W. Houston of Hamilton, secretary-treasurer and Miss Theo MacKelcan, Hamilton, recording secretary, who also retired after holding office for many years, likewise received beautiful gifts.

Officers elected were: President, Mrs. J. Graham Harkness, St. Catharines; Recording Secretary, Mrs. John R. Christie, St. Catharines; Treasurer, Mrs. Charles Sim, St. Catharines; Administrator of Public Relations, Mrs. Oliver Rhynas, Toronto; Treasurer of Memorial Flower Fund, Mrs. Charles Taylor, St. Catharines.

With the Hospitals in Britain

By "LONDONER"

C. E. A. Bedwell

Dear Mr. Editor:

In order to appreciate the situation which has to be dealt with under the new National Health Service Bill, it is necessary to grasp the changes which are taking place over the country as a whole. Before the War it had been recognized that a redistribution of the population was necessary, as the extensive urbanization was undesirable and as there were certain areas, notably in North East England and South Wales where the lack of employment had created what was called a "depressed area". During the War this latter state of affairs was rectified to some extent by the Government's placing munition factories in them. But the destruction by bombing of many closely populated districts added a new problem to those already existing and involved a much more extensive program. With it was combined the necessity to take measures to preserve places of natural beauty and historical interest, threatened because of the burdens of taxation imposed upon the owners and by such developments as the erection of aerodromes.

In order to ensure that the development required to meet these changed conditions may be carried out on some systematic basis instead of the haphazard sprawl characteristic of building between the two Wars, the Government have passed a New Towns Act setting out an orderly scheme. With a view to helping to put this Act into operation the Government appointed a committee with Lord Reith as chairman "to suggest guiding principles on which such towns shall be established and developed as self-contained and balanced communities for work and living". Their final report, which was issued as the Royal assent was given to the Bill, gives a comprehensive and practical survey of the steps to be taken to create an attractive life from all points of view for the people in these new communities. Communications, industry, shopping, education and so forth are all considered in turn, but here it is only possible to deal with the section devoted to health.

Experience in well-planned communities has shown that the need for

Health Facilities in the Planned Community

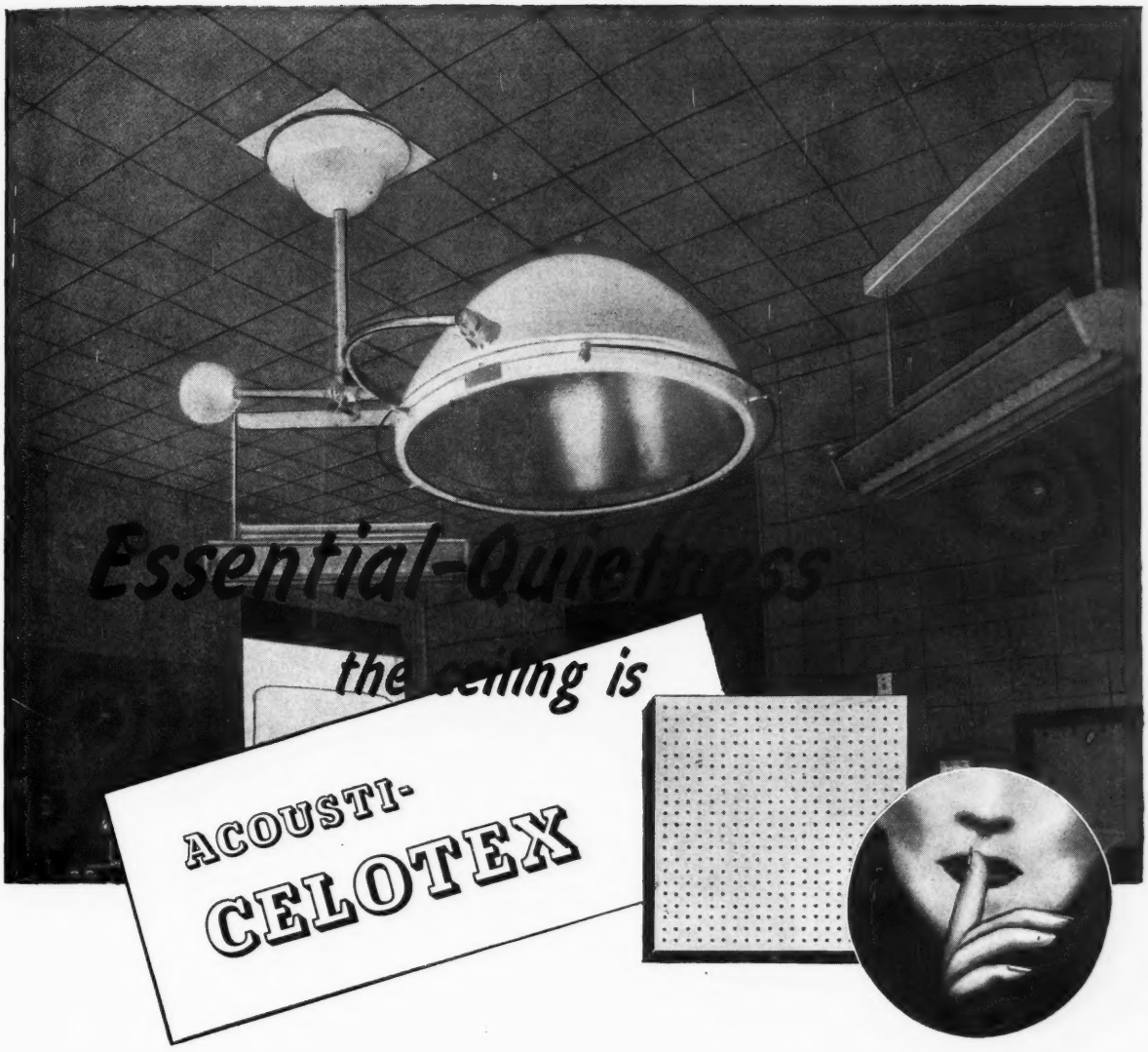
hospital and medical services is substantially lower than the general urban average. Improved conditions may and should make an appreciable difference in the balance of medical requirements. Moreover the whole community has essentially a healthy aim in life. The standard of general health may readily be raised by the mode of living thus fostered, so that there is less occasion or desire for medical treatment.

Lord Reith and his colleagues received official information of the general plan of the hospital service from which it is possible to envisage the general hospitals for acute cases organized on the basis of a main centre at the University capital of each region. The exact size of these regions will depend to a considerable extent upon the recommendations of a Royal Commission under the chairmanship of Sir Malcolm Trustram Eve dealing with the boundaries for local government purposes. Around this central hospital is to be a network of district general hospitals staffed by specialists and providing for all normal acute cases. They, the Committee state, "will form the backbone of the service".

The Committee anticipate that a large number of local or cottage hospitals staffed by general practitioners will still remain part of the service, though some people anticipate that a proportion will be converted to other uses, such as homes of recovery. Under the heading of hospital services the Committee have grouped, in rather a haphazard way, health centres and maternity and child welfare clinics, which have an undoubted place in the new towns while the hospitals, like the universities, operate for a larger area. After making various calculations of the number of beds required per thousand of the population the Committee come to the conclusion: "so far as it is possible to generalize, the towns contemplated by us would not be big enough to justify the establishment in them of hospitals with specialist staff, and the authorities might therefore decide that they should rely for this purpose on neighbouring and larger towns". On the other hand for a town with a population of fifty thousand the Committee contemplate the ultimate provision of some three or four health centres. The number of maternity and child welfare clinics they consider to depend on population, the layout of the residential areas and transport available. They make the point, however, that "the maternity and child welfare clinics should be self-contained and separate from clinics for the treatment of disease". The progressive line of thought adopted by the Committee is well demonstrated in the following paragraph:

"Mental health is as important as physical health, and while the regional medical organization should care for those who have suffered serious breakdown or are defective, facilities for the preventive and early treatment side of

(Concluded on page 88)



Not only in operating rooms but corridors, bedrooms, kitchens, etc., noise is a detriment in any hospital. Eliminate it by having all ceilings covered with ACOUSTI-CELOTEX tile. Noise is hushed where it is applied.

ACOUSTI-CELOTEX is the accoustical material that is paintable and takes decoration without losing its sound conditioning properties. Illustrated—ceiling of operating room, Fort William Sanitarium.

Get in touch with our nearest branch for Consultation and Estimate.

Dominion Sound Equipments

LIMITED

Head Office: 1620 Notre Dame Street West, Montreal

Branches at: HALIFAX ST. JOHN TORONTO WINNIPEG CALGARY VANCOUVER

Here and There

By "The Editor"

Wood-woman, Spare That Tree!

"There is destiny that shapes our ends" may well be the slogan of everything that can be carved in the intriguing hillside home of Mr. and Mrs. George U. Wood overlooking San Francisco Bay. It was our privilege to visit these former Canadians this summer and to have Mr. Wood (administrator of the swank Peralta Hospital in Oakland) proudly display the many evidences of his wife's skill as a wood-carver.

The dining room furniture, tables and the firebox in the living room, the children's beds and desk, picture frames—all have been carved by Doris Wood. Even the garden seat has not been able to escape her chisel. They even say that Mr. Wood is thinking of changing his name! Her *pièce de résistance,* however, is the administrator's desk at the hospital. A massive piece of furniture, especially built of Burma teakwood by Charles Sayers, a well-known Pacific Coast woodworker and sculptor, this desk has been exquisitely carved by Mrs. Wood. She worked out her own designs for each panel and, the wood being especially thick, has been able to bring her designs out in full relief. There is a secret compartment, too, which is just the right depth, but that is another story.

Although Mrs. Wood, formerly Doris Engle of Fort Francis, Ont., is petite and has anything but the blacksmith's arm, she disdains the mallet and fashions out the hard teakwood, her favourite medium, by her own strength alone. During the war she was in charge of the wood-carving section of the Arts and Crafts department at the Oakland Area Hospital. Mr. Wood has been active in the work of his state association and in the American Hospital Association and has recently completed a term on its Board of Trustees. A connoiseur of art, he was made an honorary member of the American Physicians' Art Association at its July meeting in San Francisco.

* * *

Will English Gardens Go?

Visitors to England who have rejoiced in the beauty of the wonderful flower gardens there may find on their next visit that these gardens, like so many other attractive features of national tradition, will have become a minor feature in the new era. In keeping with the times, the National Union of Agricultural Workers has obtained a further wage increase, bringing wages to about double the prewar scale, and are hopeful of getting still another. While this increase does not apply to employees in private gardens, all will be affected because of the higher wages paid elsewhere.

It is anticipated that this will soon make the large private garden extinct. Owners, with heavy income taxes and succession duties, will no longer be able to employ large corps of gardeners. There has been much evidence of this anyway, with the breaking up of large estates and the fact that, apart from the older generation of gardeners, the men show less skill and accomplish less. The result may be that gardens will be much smaller, many householders doing all their own gardening and propagating. The products of commercial nurseries may cost more, as wages rise, but this may be offset in part by the greater use of machinery.

* * *

Congratulations

Dr. I. M. Rabinowitch, director of the metabolic laboratories at the Montreal General Hospital, is to be congratulated on his outspoken address to the Canadian Club of Montreal on the Palestine question. A Talmudic scholar of note, Dr. Rabinowitch is deeply sensitive of the Jewish viewpoint, but he did not hesitate to deplore the bitter attacks on Britain made by the exponents of "political Zionism". Pointing out that Zionism in its original form was not a political movement, he drew a sharp distinction between a National Home in Palestine and the Jewish National State; the latter he dismissed at once both on religious and on political grounds. He paid high tribute to the British people and to the way in which they are trying to avoid a serious conflict with the Arabs.

Although this address has already aroused anticipated criticism, it is a fortunate one, for the unreasonable and hysterical attitude of numerous Jewish spokesmen on this continent, condoning and even supporting the unlawful Jewish actions in Palestine, has done much to arouse a very regrettable wave of antisemitism in this country.

* * *

Mobile Eye Clinic To Serve Remote Areas

What is said to be the first mobile eye clinic for providing eye care in remote areas has been inaugurated by the state of New Jersey. A two-and-one-half ton unit on a truck chassis has been worked out so as to provide all of the equipment normally required for refraction and diagnosis. The equipment includes a refracting chair, refractor, slit lamp, retinoscopes, ophthalmoscopes, and other equipment required for diagnosis, minor treatment and operations, as well as for the examination of eyes for glasses.

A feature of the installation has been the necessity of making it possible to transport these delicate instruments over rough roads without damage to the equipment.

PIONEERING THAT POINTS TO *DISCOVERY* . . . *DISCOVERY* THAT *DEMANDS* LEADERSHIP

Baxter

PIONEERS IN PARENTERAL THERAPY

Richard Lower

(1631-1691)

Richard Lower of Cornwall, first to perform a direct transfusion of blood from one animal to another (Feb. 1665). About 1669 Lower injected dark venous blood into the insufflated lungs and concluded that its consequent bright color was due to the fact that it had absorbed some of the air passing through the lungs.

Another Baxter First...
The Transfuso-Vac System

In 1939 Baxter introduced the first completely *closed* blood transfusion technique . . . assuring you a simpler, safer, more economical blood program.

Baxter's many years of pioneering and leadership in the field of Parenteral Therapy are your protection. Here is a parenteral program, complete, trouble-free, confidence-inspiring. No other method is used in so many hospitals.

Manufactured by
BAXTER LABORATORIES OF CANADA, LIMITED
ACTON, ONTARIO

Distributed in Canada exclusively by

INGRAM & BELL LIMITED
TORONTO
MONTREAL · WINNIPEG · CALGARY · VANCOUVER

Nurses and Hospitals in U.S.A. Announce Basic Policies

1. American Nurses' Association

The following fundamentals were adopted by the House of Delegates of the American Nurses' Association on September 27th at the Atlantic City meeting:

1. Improvement in hours and living conditions for nurses, so that they may live a normal personal and professional life.

Specifically, action toward (a) wider acceptance of the 40-hour week with no decrease of salary, thus applying to our postwar conditions the principle of the eight-hour day adopted by the American Nurses' Association in 1934; (b) minimum salaries adequate to attract and hold nurses of quality and to enable them to maintain standards of living comparable with other professions.

2. Provision for optimal nursing care for all and furtherance of a positive health program in all communities.

3. Increased participation by nurses in the actual planning and in the administration of nursing service, in hospitals and other types of employment.

4. Greater development of nurses' professional associations as exclusive spokesmen for nurses in all questions affecting their employment and economic security. Such a development should be based on past successful experience of professional nurses' organizations in collective bargaining and negotiation.

In this connection there is read the economic security program which the Advisory Council moved to present to the House of Delegates for discussion and action:

"The American Nurses' Association believes that the several state and district nurses' associations are qualified to act and should act as the exclusive agents of their respective membership in the important fields of economic security and collective bargaining. The Association commends the excellent progress already made and urges all state and district nurses' associations to push such a program vigorously and expeditiously.

"Since it is the established policy of other groups, including unions, to permit membership in only one collective bargaining group, the Association believes such policy to be sound for the state and district nurses' associations."

5. Removal, as rapidly as possible, of barriers that prevent the full employment and professional development of nurses belonging to minority racial groups.

6. Employment of well-qualified practical nurses and other auxiliary workers under state licensure, thus protecting both the patient and the worker.

7. Continuing improvement in the counseling and placement of nurses, to give greater stability and job satisfaction to the profession and to facilitate a better distribution of nursing service to the public.

8. Further development of nursing in prepayment health and medical care plans, in order to spread the cost of nursing service to the public.

9. Maintenance of educational standards, and development of educational resources, that nursing may keep abreast of the rapid advances in medicine and other sciences. Such a development may well require federal subsidies and contribution from foundations and other educational philanthropies.

10. Appraisal of our own national organizations, through the report of the Structure Study, and fearless action based upon such appraisal, to make sure that the nursing profession will be organized and equipped to deal most effectively with its problems and its opportunities.

"In conclusion; if the nursing profession is ready to take decisive action on hours, salaries, economic advancement; enlargement of nursing resources while maintaining standards and the possible reconstruction of its own organizational structure, we shall this week make nursing history."

2. American Hospital Association

The following personnel policy was approved by the House of Delegates of the American Hospital Association in session October 2nd:

"The primary objective of the American Hospital Association is to bring about continued improvement in the quality of hospital service and encouragement of all sound programs aimed at improving the distribution of such hospital care in order that it may be readily available to every citizen of the country.

Hospitals serve sick humanity. In the alleviation of suffering, the highest type of personal service is demanded. Hospitals, in the interest of the best service for the people of this country, should and must carry on many educational processes and stimulate research. Further, hospitals have an important part to play in public health and in health education. Hospitals function as a workshop for the physician, nurse and many other skilled professional workers and technicians. Proper care for the sick requires the utmost co-operation among these groups if the patient is not to suffer unduly. This places heavy responsibilities on hospital personnel. Yet those who serve the sick have opportunities for service and satisfaction beyond those available to any other of the employed groups.

In all matters the administration of hospitals stands as the representative of the general public. With due realization of the economic rights of those who serve in hospitals, the administration, in planning the economics of the hospital, must bear in mind not only the quality of service and rights of employees, but also the burden thus placed upon those who must meet the cost of hospital care which is such a vital necessity in time of illness.

The American Hospital Association endorses the best possible working conditions for all hospital personnel and realizes the demanding service required of those who serve patients. Much has been done to improve conditions for hospital personnel. The administration of all hospitals, too, must bear in mind its dual responsibility toward those rendering hospital care and those who receive such care.

The American Hospital Association and its affiliated state associations were organized for the purpose of improving hospital service. These associations have never assumed responsibility for dictating to member hospitals, particularly in matters affecting the internal finances of such hospitals. The Association is firmly of the opinion that the matter of internal relationships between the individual hospital and its personnel is not only primarily each hospital's direct obligation but that over-all leadership and recommendation for the most enlightened attitude for improving these relationships will come, as it has in the past, from the hospitals themselves with whatever advice and counsel the A.H.A. and the state associations may be able to provide.

Principles of

Hospital - Blue Cross *Relationship*

as approved by
A.H.A. House of Delegates

THE following fundamental principles to govern the relationship between hospitals and Blue Cross plans, submitted by the Council on Administrative Practice of the American Hospital Association, were approved by the House of Delegates at the annual meeting in Philadelphia last month. These principles should clarify several points frequently under discussion, although a satisfactory method of paying hospitals must still be worked out.

To be Accepted by Hospitals

1. The executive and members of the governing boards of hospitals must accept the obligation of providing to the subscribers of Blue Cross plans proper facilities and good service.

2. The hospitals, as agencies organized to render service to the public, must of necessity receive a fair and equitable rate of payment for services rendered to subscribers of the Blue Cross plans.

3. Hospitals should not expect to receive rates of payment from Blue Cross plans for basic services provided to subscribers in excess of the cost of such services, cost to include an allowance for depreciation of buildings and equipment and allowances for other contingencies as determined by mutual agreement between hospitals and Blue Cross plans at the local level.

4. Executives and members of the governing boards of hospitals should not expect to receive rates of payment for services rendered to subscribers beyond 100 per cent of the average gross earnings at established rates for all private patients occupying similar accommodation in the hospital.

5. Where the contract does not provide for all-inclusive services, the hospital shall not expect to be paid by Blue Cross for those services not included in the terms of the Blue Cross contract.

6. Executives and members of governing boards of hospitals must assume the obligation of operating their institutions on an efficient, businesslike basis.

7. Executives and members of governing boards of hospitals must assume the obligation of keeping proper financial and statistical records in accordance with accepted procedures in order that information may be developed which may be used as a basis for establishing an equitable rate of payment.

To be Accepted by Blue Cross Plans

1. Executives and members of the governing Boards of Blue Cross plans should expect that the quality of service rendered by hospitals should be commensurate with the payment made to such hospitals.

2. Executives and members of the governing boards of Blue Cross plans should not expect the executives and members of the governing boards of hospitals to accept a rate of payment for services rendered to subscribers which would thus force the hospital to use trust and other funds to make up the difference between payments received and the cost of rendering service required under the Blue Cross contract.

3. Executives and members of the governing boards of Blue Cross plans should not expect the executives and members of the governing boards of hospitals to depend upon income from private patients, not subscribers to a plan, to provide operating funds to make up losses of income sustained by virtue of service rendered to plan subscribers.

4. Executives and members of the governing boards of Blue Cross plans should not adopt policies that are inconsistent with the operating and fiscal policies of hospitals.

5. Blue Cross plans, as nonprofit organizations, must accept the obligation of operating on a business-like, efficient basis, and must assume the responsibility for keeping proper accounting and statistical records concerning their operations and submit detailed reports to affiliated hospitals periodically.

McGill Gets Grant

It has been announced that McGill University, Montreal, will receive a grant of $30,000 from the Life Insurance Medical Research Fund of New Haven, Conn., for work in the university's new experimental surgical research laboratories. The grant will be used to continue research by Dr. Mercier Fauteux on heart surgery, particularly the finding of a safe means of operating within the heart.

C.A.M.S.I. Conference

The 10th annual National Conference of the Canadian Association of Medical Students and Interns will be held at McGill University's Medical Building in Montreal from November 14th to November 17th inclusive. Nine Canadian medical schools will send two delegates each and intern groups in hospitals will be represented. Highlights of the conference will be a complete constitutional revision, consideration of an "affiliation" with the Canadian Medical Association, the adoption of a medical-film plan in conjunction with the National Film Board, and a discussion of intern remuneration.

Health is the soul that animates all enjoyments of life, which fade and are tasteless, if not dead, without it.—*Sir William Temple.*

In office or warehouse

Heat Comfort Always
WITH

DUNHAM DIFFERENTIAL HEATING

UNDER *All* OUTSIDE TEMPERATURE CONDITIONS

DUNHAM DIFFERENTIAL HEATING provides Heating Comfort in all parts of a building, at all times, under all outside temperature conditions.

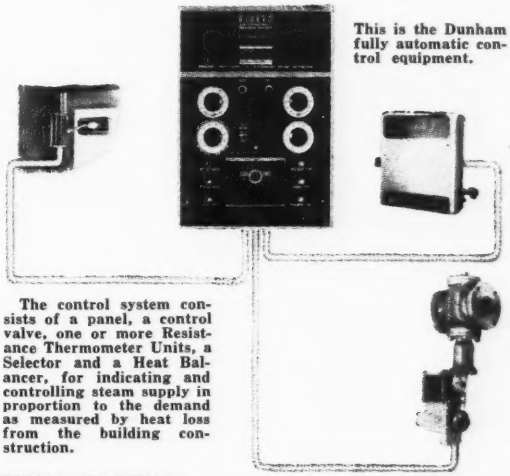
Using sub-atmospheric or flexible steam, variable heat demands are met by the system unobtrusively. There is no underheating or overheating. During cold weather, hot steam warms up the building quickly, **but only to the level of demand.** As the weather grows mild, steam temperatures are reduced and the heat input into the system is accordingly brought to comfort levels. By automatic or manual control of valve, all heating can be quickly eliminated in very mild weather.

Dunham Differential Heating also enables varied temperature needs to be met in different parts of a building, often required in schools, hospitals, industrial plants and commercial buildings.

Dunham engineers will assist in making study of buildings in the planning stage or existing and advise you of the advantages of installation or change-over to Dunham Differential Heating. C. A. Dunham Co. Ltd., 1523 Davenport Road, Toronto 4. Offices from Coast to Coast.

The following are outstanding Canadian buildings in which Dunham Differential Heating is installed:

Singer Sewing Machine Building, Winnipeg, Man.	1939
Consumers' Gas Company, Toronto, Ontario	1930
La Tribune Building, Sherbrooke, Quebec	1944
Holt Renfrew, Montreal, Quebec	1937
T. Eaton Company Limited, Port Arthur, Ontario	1938
Joseph Vaillancourt, Quebec, Quebec	1943
Gorries Limited, Toronto, Ontario	1928
Oliver's Limited, Regina, Sask.	1930
Grenon Building, Chicoutimi, Quebec	1944
Robert Simpson Company Ltd., Montreal, Que.	1929-30
Tuttle Brothers, Moncton, N.B.	1929
Salada Tea Company, Toronto, Ontario	1944



This is the Dunham fully automatic control equipment.

The control system consists of a panel, a control valve, one or more Resistance Thermometer Units, a Selector and a Heat Balancer, for indicating and controlling steam supply in proportion to the demand as measured by heat loss from the building construction.

ONLY DUNHAM DIFFERENTIAL HEATING USES

FLEXIBLE STEAM

A PROVEN MEDIUM FOR HEAT COMFORT

Increased Number of Beds for Tuberculosis Patients

THE Annual Report of Tuberculosis Institutions for the year 1944, prepared by the Institutional Statistics Branch, Dominion Bureau of Statistics and published recently, reveals an increase of 10.6 per cent in the number of beds available for tuberculosis patients during the period 1940-44 inclusive. The number of sanatoria in 1944 was 40, with a bed accommodation of 9,673. Additional beds in public hospitals numbered 1,903, giving a total of 11,573 for all institutions.

Total personnel caring for tuberculosis patients, including physicians, nurses, technicians, etc., was 4,411, showing a 5 per cent increase over the previous years.

The total revenue of all sanatoria was $8,604,637, of which amount 85.5 per cent came from Provincial, municipal and Dominion government grants. Patients' fees amounted to 7.1 per cent while donations made up 7.4 per cent. Total expenditures of sanatoria was $8,934,532, an increase of 3.7 per cent over the 1943 figure. In addition to this, the expenditure incurred for the care of tuberculosis patients in general hospitals is estimated at $1,696,415 which brings the total expenditure for the tuberculous to $10,630,947. This does not include expenditures of tuberculosis units operated by the D.V.A. or Indian Affairs Branch.

Movement of Patients

Resident patients on January 1, 1944 totalled 9,988. Admissions during the year totalled 12,127 of which 8,597 were new cases, 178 reviews, 2,708 readmissions, 19 births and 625 transfers.

Discharges totalled 11,868, of which 8,766 were direct discharges. The number of deaths was 2,204, leaving 10,244 in residence on December 31, 1944.

Admissions by Type

Of the 12,127 admissions, 10,017 or 82.6 per cent had pulmonary tuberculosis. Of this total, 2,228 or 22.2 per cent were minimal, 3,907 or 39.0 per cent were moderately advanced and 3,631 or 36.2 per cent far advanced with 251 or 2.6 per cent with childhood type. A total of 575 had pleurisy with or without effusion, while the number of non-pulmonary admissions was 489.

Non-tuberculosis admissions totalled 450, while suspects, undiagnosed and babies born in hospital totalled 596.

Of the admissions to tuberculosis institutions in 1944, 10,277 or 92.7 per cent were active on admission. Of the 10,277 active cases, 5,799 or 56.4 per cent were bacillary active and 4,478 or 43.6 per cent non-bacillary active.

Admissions by Racial Origin

Table 11 of this report shows the rate of admissions per 10,000 for each of the principal races represented in Canada. Of these a few may be noted here. English, Irish and Scottish are 6.2, 7.9, and 7.9 respectively, while most middle European races are equally low. Austrians and Hungarians are an exception as the rate among them runs up to 12.1. The French have a rate of 12.3, Scandinavians 10.0 while among the Finnish the rate rises to 20.5. Chinese and Japanese have a rate of 20.9 and that for our North American Indians is 60.0.

Occupations

As in previous years, by far the largest number of tuberculosis admissions came from the group "homemakers" and those living at home. This group contributed 27.2 per cent of the total. Those engaged in manufacturing formed the second largest group with 9.6 per cent of admissions. Of the total within this second group, 80.6 per cent came from workers engaged in textiles, metal products, chemicals and paint. The third largest group was public administration and defence with 9.0 per cent of the total. Of the admissions in this group 88.5 per cent came from the Army, Navy and Air Force.

Discharges and Deaths

Tables 15 to 24 set out discharges and deaths under various cross-classifications such as length of treatment, condition on discharge and selective treatments.

The 11,868 patients discharged had a total of 3,590,648 days' care, or an average stay of 302.5 days per patient discharged, while in 1943 the average days' stay was 302.1.

Of the 2,172 deaths that occurred in sanatoria during the year, 75.1 per cent were patients who were far advanced on admission and 17.0 per cent the moderately advanced. Of the total, 88.8 per cent died of pulmonary tuberculosis.

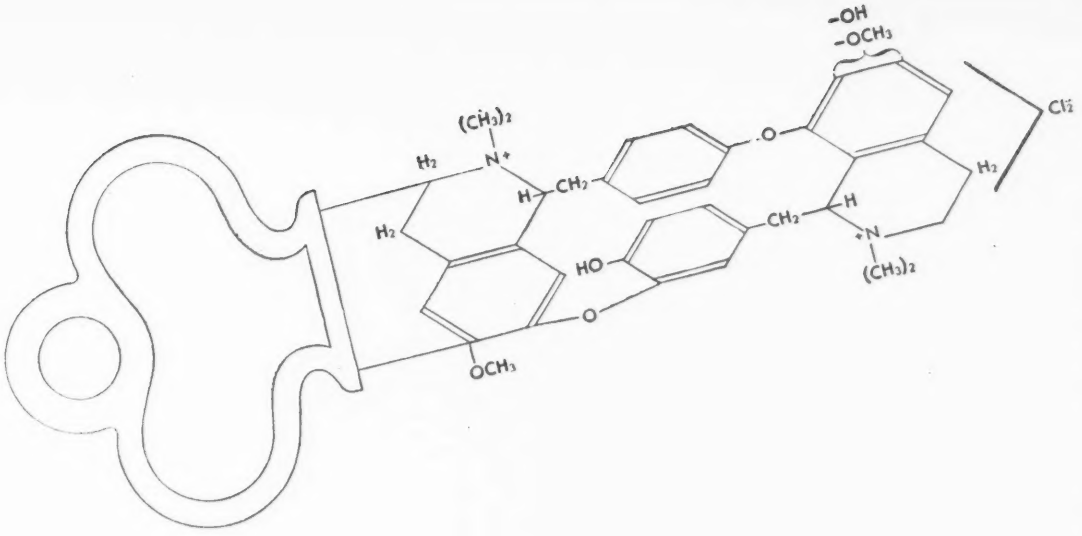
Of the discharges and deaths, 93.2 percent received free treatment. Only 4 per cent of discharged patients paid in full for their treatment and 3 per cent in part.

A section has been added to this report to indicate the extent of the work done by clinics for tuberculosis patients throughout Canada and what has been accomplished by mass surveys. By the latter means 439,610 persons were examined which, added to the number examined by the clinics, brings the total of persons so examined in 1944 to 754,228. It is of interest to note that the number so examined in 1939 was, in round figures, 167,000 and in 1943 the figure reached 282,000.

Patient Dies Following Oxygen Tent Explosion

Last month an explosion and fire occurred in connection with oxygen tent equipment in use at the hospital in Niagara Falls, Ontario. An elderly patient who was receiving oxygen administration and who was very low at the time died following the explosion. This was said to have occurred after the fresh cylinder of oxygen had been attached and at the time when the flow of oxygen was being re-established. An inquest has been ordered.

As this incident is of much concern to other hospitals where oxygen administration is a routine treatment, we hope to have a more detailed explanation of the incident in our next issue after the inquest will have been held.



key to abdominal relaxation...

Intocostrin provides rapid and profound abdominal relaxation. Surgical manipulation and closure are facilitated . . . less anesthetic is required. Administration is by simple intravenous injection. Intocostrin is a purified, standardized extract of *chondodendron tomentosum* (curare) which produces muscle relaxation through a readily reversible myoneural block.

For literature write: E. R. Squibb & Sons of Canada Limited, 36-48 Caledonia Road, Toronto.

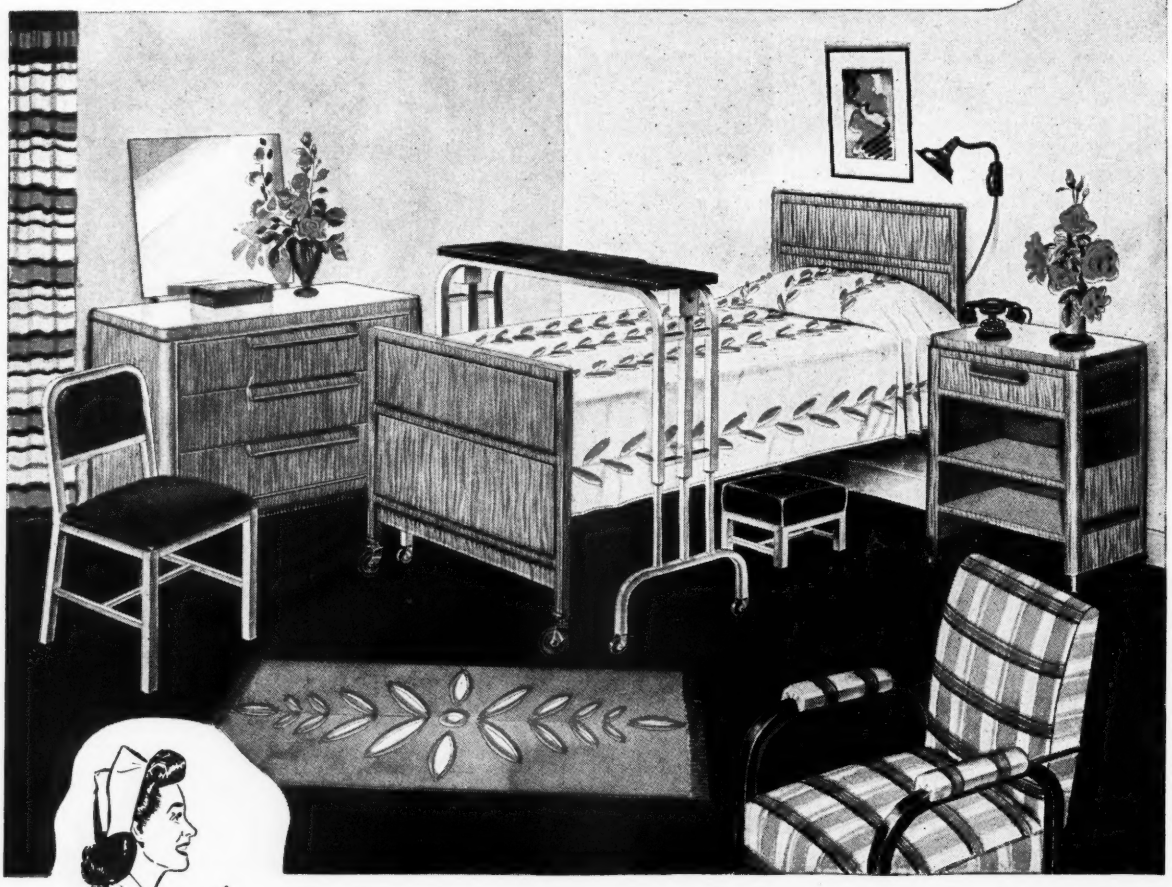
Intocostrin
TRADEMARK

SQUIBB

E. R. SQUIBB & SONS OF CANADA LIMITED, 36-48 CALEDONIA ROAD, TORONTO

173

a Room to be Proud of...



Hospital staffs and patients too, will enthuse about the convenience and beauty of this Metal Fabricators hospital room. When planning furnishings for discerning patients give them all the charming warmth of a home in a hospital setting.

The finest steel goes into the light sturdy construction of each fabricated unit. Smooth noiseless operation results from sound-proof insulation, rubber-tired casters, special roller-drawer slides and the use of steel tubing wherever possible.

Matchings for any wood design have recently been completed to supplement standard plain or pastel finishes.

Metal Fabricators LIMITED

TILLSONBURG ONTARIO

The last word in sterilizing instruments...

THE Castle Instrument Washer-Sterilizer *washes* and *sterilizes* surgical instruments in 10-12 minutes! It does away forever with the old, time-consuming method of scrubbing and boiling . . . to give you more efficiency in sterilization and far greater safety in results. For full details, fill out and mail the coupon below to: Wilmot Castle Co., 1176 University Ave., Rochester 7, N. Y.

Instrument Washer-Sterilizer with Hi-Speed Emergency Sterilizer

Send coupon for "Sterilization of Surgical Instruments." Absolutely free!

Castle

LIGHTS AND STERILIZERS

WILMOT CASTLE CO.
1176 University Ave.
Rochester 7, N.Y.

Please send me "Sterilization of Surgical Instruments" manual and complete details of the Castle Instrument Washer-Sterilizer. No obligation.

Name .....

Address .....

City ..... Prov. .....

Canadian Agents: Casgrain & Charbonneau, Ltd., Montreal; The Stevens Companies, Toronto, Winnipeg, Calgary, Vancouver.

Britain's First

Co-operative Clinic

MANOR House (Orthopaedic) Hospital in London, which specializes in treating industrial injuries, is the only one in Britain which is owned and controlled by the patients themselves.

A red-brick house standing in over two hectares of ground at the top of a hill and surrounded by open spaces, this "Workers' Hospital" was formerly an early 19th century mansion owned by a country gentleman.

To this hospital, from all parts of the country, come men who have been injured in the pits, factories, shipyards, steel mills and other industries, and who need prolonged and highly-skilled treatment to fit them for work again. For this care each patient pays only a penny-a-week (the price of a newspaper) no matter what special attention he requires or how long he stays.

Some are complex cases: their accidents may have resulted in severed muscles and nerves, contracted sinews, injured blood vessels, spinal deformities or stiffened joints. All these necessitate specialized and lengthy treatments ranging from weeks to years. A few chronic cases now lying in the hospital have been there for three years, for only when a patient is considered to be beyond all hope is he discharged without some sort of cure.

As a result of this concentrated treatment the hospital has established a remarkable record. On the average, some 80 per cent of all patients return to work, while the rest can go back to light jobs.

Centre for War-wounded

Manor House Hospital—whose Honorary President is the Right Hon. A. V. Alexander, First Lord of the Admiralty and a leader of the Co-operative Movement — was founded only after a hard financial struggle. It was first opened by the Government in 1917 as a temporary centre for war-wounded soldiers. By the end of the first World War it had gained a sound reputation for rehabilitating Service men and, having fulfilled its purpose, was about to be closed down when the Hospital Committee decided it would make a useful clinic for healing the casualties of the industrial front.

Workers in many industrial areas were approached and asked to form groups, with each member contributing a penny a week, for this new type of hospital which would be their own. Large numbers responded and, in 1919, the contributors banded themselves into the first "co-operative clinic" in Britain, called the Industrial Orthopaedic Society.

Not being a voluntary institution it was not entitled to the usual grants from the big hospital funds, and many things were still needed. There was modern equipment to be bought and new buildings to be erected—but not enough contributors to pay for them. The problem was enthusiastically tackled, however, and many ex-patients willingly volunteered at week-ends to make some of the things *their* hospital required.

In the grounds they built a beautiful little chapel, then a pathological laboratory and finally a suite of offices. Gifts came in from trade unionist organizations. London's busmen installed a sun-ray room from garage collections. Railwaymen donated £1,000. Though the hospital was to be for men, working class women too supported the scheme with their pennies.

The idea of owning their own hospital gradually became popular in the factories and voluntary levies were made; groups were formed in more areas and gained considerable support. Land was ultimately purchased in 1927 in the name of the Society and the hospital was duly "born".

Since then two new wings and a suite of operating theatres have been added, all furnished with the most modern equipment.

Apart from the normal medical treatment, the hospital specializes in occupational therapy. In a special department, men in the convalescent stage can exercise their weakened limbs and recapture the lost "feel of tools" by doing carpentry, carpet-weaving, pottery and metalwork. Other patients well on the road to recovery are allowed to visit local parks and cinemas in the afternoons, and can even go home during week-ends.

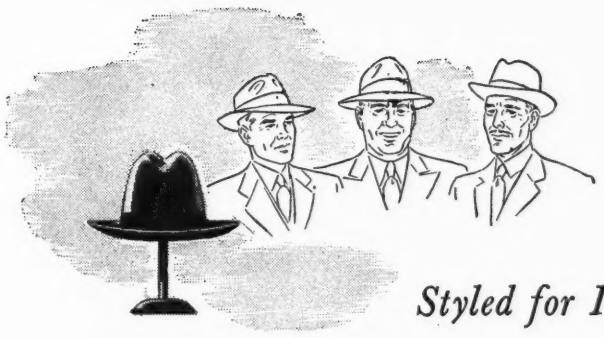
Democratic Organization

The hospital organization is unique and completely democratic. To voice their complaints the residents have an In-Patients' Committee, while each ward has a chairman, usually elected from the long-term patients. Any suggestions to improve conditions and amenities are sent to these chairmen, who raise them at the Patients' Committee meetings. After discussing them the Committee's recommendations are sent to the governing House Committee—on which sit two representatives of the Patients' Committee—for their consideration. The House Committee itself is elected annually from the Hospital's area groups in various parts of the country.

Like other hospitals in London, Manor House did not escape the attention of the German bombers. During one raid the outpatients' x-ray and physiotherapy departments were demolished, while a ward containing 26 beds had to be shut down because of its glass roof.

Already £90,000 has been collected and set aside to build a Women's Hospital. The site for this—opposite the present hospital—was purchased in 1931, but the war prevented construction work being started. It is the former London home of Anna Pavlova, the Queen of Ballet, and when it is built patients will be able to sun in the garden where Pavlova rehearsed her superb Swan Lake dance. This is still well kept by an old Russian gardener who tended it for the dancer.

By BERNARD MINNS of "Reynolds News", London. United Kingdom Information Service.



Styled for Individual Tastes

Neo-Synephrine for intranasal use is "styled" in three distinct forms too. All three provide the same real breathing comfort . . . prompt decongestion that endures for hours. Only the vehicles are different . . . isotonic saline, unflavored; readily dispersed emulsion; jelly in applicator tubes for convenience.

Neo-Synephrine

HYDROCHLORIDE

LAEVO-4-HYDROXY-β-METHYLAMINO-3-HYDROXY-ETHYLBENZENE HYDROCHLORIDE

For Nasal Decongestion

THERAPEUTIC APPRAISAL: Quick acting, long lasting . . . nasal decongestion without compensatory recongestion; relatively free from cardiac and central nervous system stimulation; consistently effective upon repeated use; no appreciable interference with ciliary activity; istonic to avoid irritation.

INDICATED for symptomatic relief in common cold, sinusitis, and nasal manifestations of allergy.

ADMINISTRATION may be by dropper, spray or tampon, using the ¼% in saline; the 1% in saline when a stronger solution is indicated. The ½% jelly in tubes is convenient for patients to carry.

SUPPLIED as ¼% and 1% in istonic salt solution, and as ½% in an emulsion, bottles of 1 fl. oz.; ½% jelly in ⅙ oz. collapsible tubes with applicator.

Samples Upon Request

Frederick Stearns & Company
of Canada, Ltd.
WINDSOR • ONTARIO

NEW YORK KANSAS CITY SAN FRANCISCO DETROIT SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

S-16-B

Neo-Synephrine--Trade Mark Registered.

Provincial Notes

(Continued on page 86)

British Columbia

PRINCE RUPERT. Millar Bay Hospital, a new 150-bed institution for the care of Indians suffering from tuberculosis, has been completed and formally opened. It is one of a series of such hospitals which are being set up across the country by the Indian Affairs Branch of the Department of National Health and Welfare and is one of the most modern tuberculosis units in the Dominion. The cost of the building and equipment is estimated at more than $100,000. The medical supervisor is Dr. D. Galbraith.

* * *

VERNON. The provincial government has sanctioned Vernon's hospital by-law under which it is proposed to erect a new 100-bed hospital unit at a cost of $400,000. Of this amount the rate-payers will be asked to provide $238,000. Gardiner and Thornton of Vancouver have been appointed architects.

* * *

VANCOUVER. Plans have been announced by the B.C. Cancer Foundation to build a 50-bed cancer hospital at an estimated cost of $500,000. Mr. H. S. Foley, President of the Foundation, stated that $100,000 has been set aside this year for the project and that the Foundation will continue to allocate funds from annual drives, etc., for this purpose until sufficient money is available to begin construction.

Alberta

CALGARY. The City Council of Calgary has voted that the new general hospital shall be built on the Lougheed property at 13th Avenue and 6th Street West. This site was the preference of W. L. Somerville, Toronto architect, who was employed to evaluate all the possible sites. Mr. Somerville recommended that the hospital be built several storeys high on the city-owned property now available; that the nursing staff be accommodated in the hospital temporarily and a residence be built later when it may be possible to procure more land adjoining the Lougheed property. He favoured a 500-bed hospital and estimated the cost at about $5,000 per bed. Mr. Somerville warned that it would be two or perhaps three years before the new hospital could be completed.

Saskatchewan

BIENFAIT. Work is being started immediately on a new 15-bed hospital here at an estimated cost of $50,000. The institution will serve residents of the Union Hospital district which comprises the villages of Bienfait, Roche Percee and Frobisher and the rural municipality of Coalfields. The assets of the Miner Hospital which has operated in Bienfait for the past thirteen years have been turned over to the Union Hospital district board.

* * *

WEYBURN. An order-in-council has been passed authorizing the formation of a union hospital district at Weyburn. The rural municipalities and towns in the proposed district have been instructed to appoint representatives to a union hospital board. It is expected that as soon as this has been done, the representatives will meet to consider additional hospital accommodation. At present Weyburn Hospital is filled to capacity.

Ontario

HAMILTON. Two years ago voters in Hamilton approved the building of a new hospital on the Mount Hamilton site at an estimated cost of $2,600,000. Since that time numerous delays and the shortage of materials have prevented the project from getting under way until now the same plans will mean an expenditure of almost twice the amount of money. According to a decision of the Hamilton Hospital Board of Governors, it will be necessary to ask for $5,000,000.

OTTAWA. A new outpatient clinic for the diagnosis and treatment of rheumatism, arthritis and other chronic illnesses which result in physical disability, has been opened at the Ottawa General Hospital. Dr. Leopold Mantha will be in charge, assisted by an advisory board composed of Dr. J. C. Rossignol, orthopedist; Dr. Paul Varennes, radiologist; and Dr. Horace Viau, pediatrist.

* * *

PETERBOROUGH. Miss Annie L. Thompson, previously Assistant Superintendent of the Mount Hamilton Division, Hamilton General Hospital, has been appointed Director of Nursing and Principal of the School of Nursing at the Peterborough Civic Hospital. Miss Thompson is a graduate of the Hamilton General Hospital and has had normal school training as well as a course in hospital administration at the University of Toronto.

* * *

PORT ARTHUR. Individual members of the Lakehead Shrine Club, an affiliate of Khartoum Temple, Winnipeg, have raised $5,000 toward the cost of the $300,000 Shrine hospital for crippled children to be built in Winnipeg.

* * *

SUDBURY. The Sudbury District Hospital Ladies Auxiliary held a very successful tea in September for the purpose of raising funds for the proposed new hospital. Hundreds of women from all over the Nickel district were guests during the afternoon. Among the attractions were a bakeshop, a sale of cook books compiled by auxiliary members, a flower shop, and a work table displaying for sale hand-sewn and knitted articles and shell craft. The President, Mrs. D. S. Humphrey, welcomed the guests.

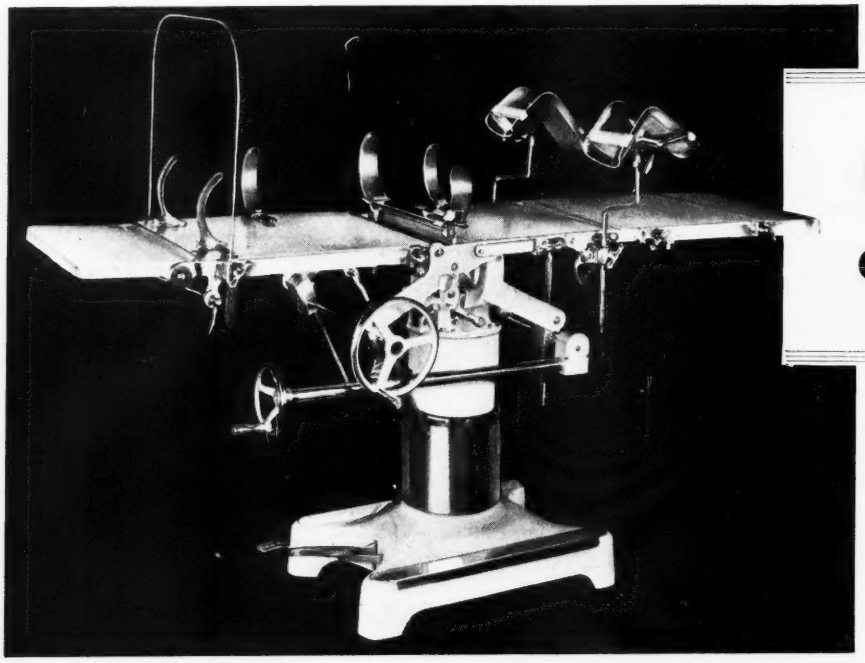
* * *

TORONTO. Dr. J. P. Wyatt has joined the staff of Toronto East General Hospital as head of the pathology department.

* * *

WINGHAM. A new wing, constructed at a cost of $110,000, has been opened at the Wingham General Hospital. This brings the capacity of the hospital up to 50 beds including 9 modern cubicles for babies. The original building, a 60-year old

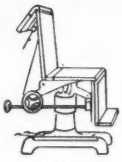
to Supplement the Surgeon's Skill



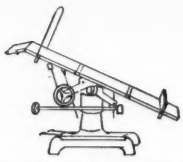
Empire OPERATING TABLE

. . . Designed for convenience and working ease of the surgeon.

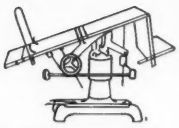
Head-end control.



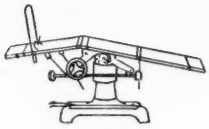
CHAIR



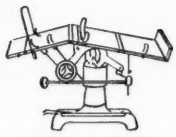
REVERSE TRENDELENBERG



TRENDELENBERG



KIDNEY



LATERAL TILT

When seconds count—ease of control is of vital importance to the surgeon and operating staff; that's why the Empire Improved Operating Table is rated as a major technical achievement by hospitals everywhere. All necessary operating positions are quickly obtained to suit case requirements. Features modified head-end control, and flexibility of adjustment. Built-in kidney elevator. Mobile when desired, with instant-setting floor lock that gives maximum stability. Stainless steel top for optimum asepsis. The Empire is ruggedly constructed and designed to perform efficiently under all operating conditions.

The EMPIRE Gives *ALL* Important Operating Positions.

1. straight general operating; 2. Trendelenberg; 3. reversed Trendelenberg; 4. reflex abdominal; 5. straight chair; 6. cystoscopic; 7. resuscitation; 8. extreme lordosis; 9. pelvic and plastic; 10. Mayo kidney; 11. goitre; 12. gynecological; and many other variations.

Five-section table top. Height adjustable 33 to 44 in.

Chrome plated standard accessories.

Write for details and prices.

Surgical Supplies (CANADA) LIMITED

80-88 SHERBOURNE STREET, TORONTO 2

ELASTOPLAST Technique was evolved with 'Elastoplast' Bandages and Dressings. The successful results described in the medical press and reprinted in the handbook 'Elastoplast Technique' were achieved with 'Elastoplast' Bandages and Dressings. The combination of the particular adhesive spread used in making 'Elastoplast,' with the remarkable stretch and regain properties of the 'Elastoplast' cloth, provides the precise degree of COMPRESSION and GRIP shown by clinical use to be essential to the successful practice of the technique.

These properties, peculiar to 'Elastoplast,' have produced a bandage used for many years with outstanding success by the Medical Profession throughout the world.

Note: 'Elastoplast' has a SOFT non-fray edge.

Elastoplast

Trade Mark BRAND

Distributors:

SMITH & NEPHEW LTD., 378, St. Paul Street West, Montreal.

Made in England by T. J. Smith & Nephew Ltd., Hull.

E 3.

Dr. T. C. Routley Heads World Medical Association

A WORLD Medical Association was set up in London last month when representatives of thirty-three national medical associations met to consider the organization of an international medical body. Dr. T. C. Routley, general secretary of the Canadian Medical Association, was elected chairman of the organization committee which will make the arrangements for the first scientific meeting scheduled for Paris next September.

The organization meeting was held under the auspices of the British Medical Association and will operate in close co-operation with the World Health Organization of which General Brock Chisholm, former deputy Minister, Department of National Health, is executive secretary. Dr. Routley made the initial moves towards setting up this world-wide medical organization and it is fitting that he should have been chosen its first chairman.

A prime objective of the W.M.A. is to assist all peoples to attain the highest possible level of health. Initial steps in this direction will be considered at a W.M.A. committee meeting in Geneva in November and will include the re-establishment of medical services in devastated areas where medical libraries, equipment and hospitals have been razed, establishment of post-graduate lectures and exchange of lecturers throughout the world, and the assembly of all information available on health and health problems for purposes of interchange.

At the London meeting Dr. Routley stated, "The medical profession, by virtue of its training, traditions and trust, surely is pre-eminently fitted to give world leadership to the establishment of a body which will demonstrate that our profession in all parts of the world understands the meaning of world fellowship and desires to make it work.

"We can pool the skills and resources of our science and the glorious attributes of our art in order that the stronger may help the weaker. We can assist the devastated countries to re-establish their medical services. We can exchange our knowledge. We can get to know one another.

"We of the medical profession, unfettered by political ideologies, motivated by humanitarian instincts, welded together by a common denominator of sacrifice and cultural background, have a world-wide gospel to preach."

Toronto Hospitals Raise Wages and Rates

The Toronto Hospital Council announced last month that there would be an increase in rates of from 50 cents to one dollar per diem. These new rates became effective on October 15. It was explained that this was necessary to meet the rising cost of operation. As wages have been increased again and the cost of provisions and equipment has risen rapidly, the hospitals have no other alternative. At the Toronto General Hospital the food bill alone has gone up nearly $4,000 a month this year.

The Council has worked out also a formula for increased salaries and wages to hospital personnel. A general increase of $10 per month is being given to all nursing personnel. In addition, nurses living out receive an extra $10 per month over the present living-out allowance because of the increased cost of living. Nurses living in residence who have been on the staff for one year receive an additional $5 per month and those who have been on the staff for a period of two years or more receive $10. Laundry will be free. For those rooming outside and receiving two meals, there will be a $10 deduction, for those living in residence and receiving three meals, $30.

This brings the salary of general duty nurses living out during the first year of employment from $120 to $140. Those who have been employed for three years will now receive $150. Supervisors who live in and who have been employed for one year will receive $160-170 less maintenance deduction, and those employed for two years or over, $165-175. Assistant supervisors and head nurses range between the levels quoted.

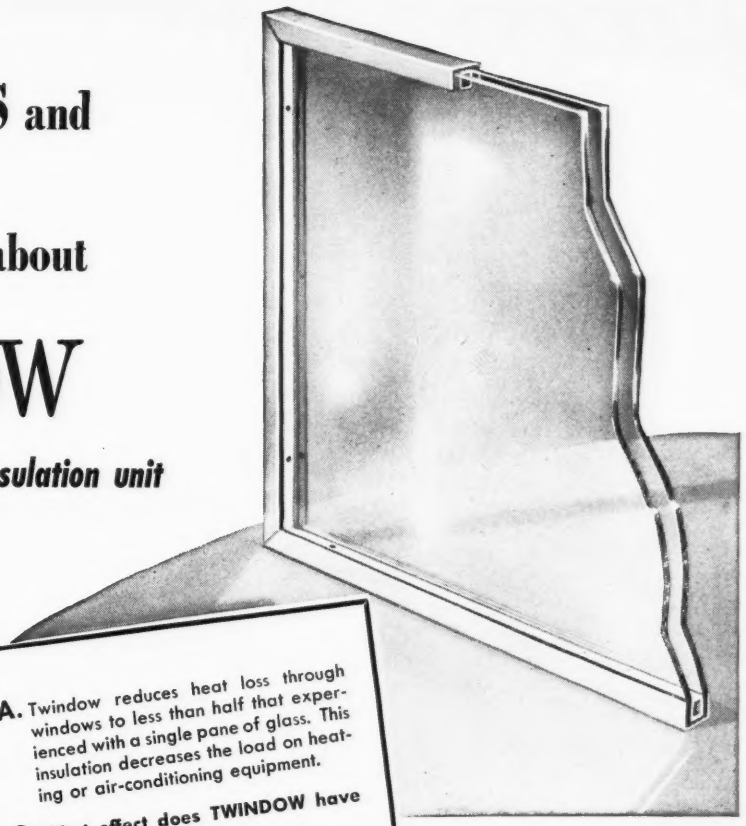
Female employees will receive a minimum of $80 per month. Male employees will receive a minimum of $105 per month, ranging to $185 for certain power-house, maintenance and laundry workers. Graduate technicians will receive from $120 to $150. Although a schedule covering all groups of personnel has been adopted, some variation can be anticipated in different hospitals in view of varying conditions.

The lowest salaries—in view of educational requirements — would seem to be in the accounting, secretarial and records staffs, where the new rates are $85 to $135.

The wage increase at the T.G.H., which differs in some respects from that adopted by the other hospitals, provides for pay increases of $8 to $12 a month for women and $12 to $18 for men. The new minimum for women is now $82 per month and $105 for men, running up to $165. There will be seniority pay of $1 per month for each year's service up to five, double pay for ten statutory holidays if worked and two weeks' vacation with pay for all employees with one year of service. Nurses' salaries have been raised substantially.

Questions and Answers about TWINDOW

The new hermetically sealed insulation unit by Hobbs



Q. What is TWINDOW?

A. Twindow is the newest development in insulating windows. It is a simple, prefabricated window unit, consisting of two or more panes of glass with a hermetically sealed air space between and a sturdy protecting frame of stainless steel.

Q. Where can TWINDOW be used most advantageously?

A. Twindow should be used wherever clear vision and effective insulation are important. It is a "natural" for large windows in homes, for store front windows, large windows in factories, office buildings and institutions, and for numerous special uses such as the glazing of refrigerated display cases.

Q. Why was TWINDOW developed?

A. Twindow is a result of extensive research at the Pittsburgh Plate Glass laboratories to develop an efficient, economical means of combining transparency with good insulating qualities. Now it's made in Canada!

Q. Just how well does TWINDOW insulate?

A. Twindow reduces heat loss through windows to less than half that experienced with a single pane of glass. This insulation decreases the load on heating or air-conditioning equipment.

Q. What effect does TWINDOW have on room comfort?

A. Twindow makes areas close to windows just as comfortable as other parts of the room. It minimizes downdrafts and helps to keep temperature and humidity at proper levels for health and comfort.

Q. Can TWINDOW help eliminate the nuisance of fogged windows?

A. Yes. Except under extreme conditions, Twindow's sealed air space prevents condensation on the glass, assuring clear vision. And since no dirt or dust can reach its sealed-in surfaces, Twindow is as easy to keep clean as an ordinary window.

Q. Does TWINDOW require some special installation technique?

A. No. Twindow is an easily handled unit, and installs as simply as a single window pane.

Twindow is now made in Canada! For more information about Twindow, mail the coupon below.

HOBBS GLASS. PLASTICS

BRANCHES COAST TO COAST

Hobbs Glass Limited, Dept. CH-1
London, Canada.

Please send me, without obligation, complete facts about Twindow, the hermetically sealed insulation unit by Hobbs.

NAME.....

ADDRESS.....

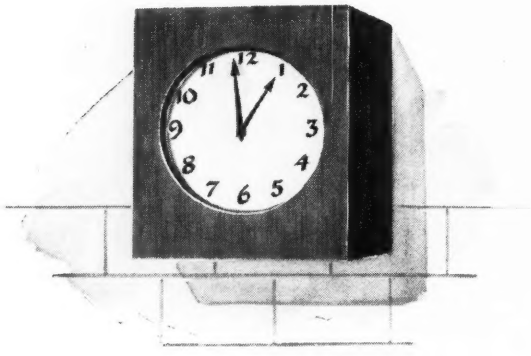
CITY.....**PROVINCE**.....

Are you satisfied with the film you're now using?

HERE'S WHERE YOU CAN FIND OUT!

1 *Does your present film simplify your extremity work?* Ansco Non-Screen X-Ray film does simplify extremity work. It has a wider exposure latitude than regular x-ray films with screens—produces radiographs of sharper detail—exceptional quality.

2 *Does your film build up heavy density and contrast?* One of the reasons why you get radiographs of such outstanding brilliance and quality with Ansco Non-Screen is the film's ability to build up extreme contrast and density.



3 *Do you get all the speed you want?* Speed is something you can expect to get from Ansco Non-Screen film. Greater speed and contrast than regular x-ray film without screens.

You'll also find Ansco Non-Screen film develops quickly—only 4 minutes in Ansco Liquadol.

What's more, this film means easy reading—which makes for more accurate diagnosis.

Try it in your laboratory. Insist on the best—specify Ansco Non-Screen X-Ray film.

• *For help with a specific problem*—or more information about Ansco X-Ray products, write to:

ANSCO OF CANADA LIMITED
60 Front Street West, Toronto, Ontario

Ansco

NON-SCREEN

X-RAY FILM

HOSPITAL AIR CONDITIONING INFORMATION YOU SHOULD KNOW

Air conditioning, properly used, reduces post-operative pneumonia and surgical deaths. In cases of premature infants it reduces infant mortality. It is particularly valuable in overcoming immediate attacks of hay fever and asthma in extreme cases. Because it permits controlled conditions it also is of therapeutic and diagnostic value in treatment of these respiratory infections.

Air conditioning provides best conditions for treatment of rheumatic diseases, and, by giving the patient more comfort and cleaner quarters, hastens recovery.

IN OPERATING ROOMS

Under anaesthesia the patient at ordinary room temperature suffers a fall in body temperature in direct proportion to the depth and duration of the anaesthesia. Therefore, it is desirable to maintain operating rooms above room temperatures. About 76° F. to 80° F. is satisfactory. Above 80° the temperature is far too high for the comfort of the operating staff and may interfere with their efficiency due to excessive perspiration.

Relative humidity of 50 to 55 per cent. prevents explosions from anaesthesia. Static sparks may occur in lower humidities, even though operating table and other equipment are grounded.

There should be no recirculation of air and air volume should provide a complete change, ten to fifteen times per hour.

RECOVERY ROOMS

As the patient spends more time in the recovery room than in the operating room, it is even more important to have these rooms air conditioned. There is danger from post-operative heat stroke and post-operative pneumonia.

Temperature of 80° and 35 per cent. relative humidity outside operating room are found to be ideal. The cold weather temperature of 76° F. and relative humidity of 25 to 30 per cent. are satisfactory.

Results show relative humidity of 35 per cent. particularly effective in reducing cases of post-operative pneumonia.

OBSTETRICS

The premature infants benefit most from air conditioning although the mother and full term baby also benefit. Stabilization of body temperature is very important in the case of premature infants. Temperatures ranging from 75° to 100° with optimum relative humidity of 65 per cent. have been found to be required. Good ventilation is necessary to eliminate objectionable odors. Experience has shown that mortality rate in nurseries has been reduced with air conditioning with especially good results where relative humidity is kept between 50 and 75 per cent.

ALLERGY OR HYPERSENSITIVITY

Hay Fever, Asthma and certain skin disorders where conditions are caused by inhaled substances, benefit greatly by air conditioning. Filtration is the most important factor. Failure may occur if there is contamination through leaks in window sills, doors, etc. Every precaution must be taken to ensure that no pollen occurs.

Mattresses, blankets, must be covered to prevent escape of allergens. Relief for patients is obtained if filtration system is good and there is no leakage.

If patient does not respond quickly, then it can be concluded condition is caused from "intrinsic" causes, such as food or local infection instead of "extrinsic" by inhalants or contact.

Under controlled conditions with air conditioning, it is possible to diagnose more accurately and more quickly as to the cause of the trouble.

RHEUMATISM AND RHEUMATIC FEVER

Temperature and humidity play an important part in rheumatic diseases. By producing with air conditioning the optimum conditions which are known to be most beneficial, the normal period of bed rest required can be shortened.

Air conditioning, by adding to comfort of patients suffering from arthritis, hastens recovery.

RESPIRATORY INFECTIONS

Fresh air is desirable for patients suffering from sinusitis, bronchitis, laryngitis and pneumonia. However, extreme cold, dry air causes irritation, increased coughing and discharge.

Warm moving air from 35 to 50 per cent. relative humidity is more desirable.

Patients suffering from chronic diseases such as heart failure, high blood pressure, kidney disease find refuge from extreme climatic changes in air conditioning.

GENERAL

There should be no recirculation of air throughout a hospital because odors, infection, etc., may spread. Recirculation should be confined to individual rooms.

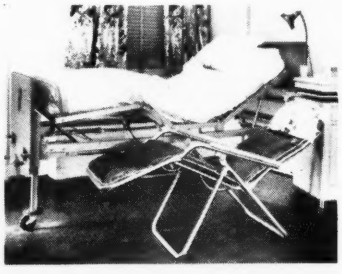
New Reclining Chair

Maintains Therapeutic Positions

When a patient is put to bed in the flat or prostrate position, the legs are stretched out and, due to this stretching of the legs, the lumbar spine is in extension, because of the pull on the muscles of the thighs. The flat position is therefore actually a position of strain. To eliminate this strain the hips and knees must be flexed, and the spinal joints and ligaments put into a neutral position that is better anatomically.

Dr. Gatch discovered for the first time about 40 years ago that his patients were suffering very much from discomforts of the flat position in the regular beds. First he put several pillows under the back, the lumbar region and under the knees. This gave the patient great relief, and the doctor incorporated the principle in an adjustable bed with cranks, universally known now as the "Gatch Bed". This development was appreciated by the whole hospital field and adopted as standard practice in almost all hospitals for the benefit of patients.

In modern technique it is not considered desirable that the patient should spend all his time in bed. On the contrary, every effort is made to get him out of bed very early, and often into a chair. This should be built on the principle of the adjustable bed, which means that the modern hospital bedroom chair will need the sitting position and the elevated bed positions without cranks and without any possibility of misadjustment, with the chair positions scientifically co-ordinated and automatically achieved. Through a locking lever the chair must be able to fix the patient into any desired position for sitting or relaxing. St. Joseph's Hospital, Sarnia, is the first Canadian hospital which is using such a chair in every patient's room —the Barcaloafer.



The hospital staff and patients have expressed appreciation of the new features of this chair, which has solved many problems of proper seating for the hospital room. The cut shows the reclining position of the Barcaloafer Chair, comparable to the position of the hospital bed. The patient can himself adjust the chair to any desired position; no second person is needed and the chair cannot be misadjusted. It supplies for the first time an adjunct relationship to the hospital bed and a continuation out of bed of the valuable "treatment with positions", to relieve the patient from strain and discomfort.

Specifications call for . . .

METAL CRAFT FURNITURE

Illustrated Above

The above illustration is a typical METAL CRAFT Semi-Private Ward Group. Prices for individual pieces or as a complete set on application.

When planning a new addition, a new hospital, or alterations to present wards make specifications complete by including details of the furniture and equipment. Metal Craft furniture is as much a part of the modern hospital as good lighting. Write the Engineering Department, The Metal Craft Company, Limited, Grimsby, Ontario, for any data and specifications you may require for: Private Room Furniture, Semi-Private Room Furniture, Ward Furniture, Nursery Equipment and Furniture, Kitchen Equipment, Food Conveyors, Cubicle Curtains, Built-In Cabinets of all types.

Over 26 Years' specialization by competent Metalcraftsmen

The METAL CRAFT COMPANY LIMITED
GRIMSBY ★ ONTARIO

Correspondence

Why Forget the Secretary-Treasurer?

To the Editor:

Your article in the September issue, *Why Blame the Hospitals,* is of vital interest to all hospital employees and I noticed that the *Edmonton Journal* made a comment on same in its editorial column.

Why mention nurses only? In my opinion, it is time that the subject of hours, salaries and wages paid to *all* hospital employees, especially the underpaid and overworked secretary-treasurers, be submitted to the public.

I have been secretary-treasurer of a municipal hospital for over twenty-one years, commencing work in 1925. Until April 30th, 1937, I was a part-time employee; from then to date I have been a full-time employee.

The salaries received during that time have been as follows:

May 1st, 1925 to April 30th, 1937 (part-time)
Amount received: $6,223.50.
Hours worked: 27,787.
Average rate per hour: 24.1 cents.
May 1st, 1937 to September 30th, 1946 (full-time)
Amount received for 9 years, 5 months: $10,583.43.
Amounts paid by secretary-treasurer out of his salaries:

For office assistants	$2,164.76
For cleaning office	526.60
	$2,691.36
Net full-time salary received	$7,892.07

This works out at 33.3 cents per hour, or $838.09 per annum for full-time work. I have not had a regular holiday since 1940. I have worked every day of the week, including Sundays at times, and have been subject to call at all times day and night. On numerous occasions I have been called to the hospital to assist the nurses in emergencies. The Secretary-Treasurer is not entitled to unemployment insurance benefits, cost of living bonus or the benefits of the provincial Hours of Work Act. (Though I have worked long hours of overtime, I have never received a cent for it.) He is subject to all unfair criticism and is blamed for everything when things are not going right. The majority of people are fair and reasonable, but we have a number who are willing to listen to petty, imaginary stories of individuals who have some imaginary grievance because they could not have their own way, and this works an injustice to an honest and conscientious secretary-treasurer.

I have no regrets for the work I have done and, if I had my life to live over again, I presume that I would still follow along the same lines. Nevertheless, a little more praise and understanding by the hospital board would be appreciated. We all know that a willing worker is taken advantage of and is never missed until he passes on. We have one consolation: that we have always done our duty faithfully.

Yours truly,
"A Municipal Secretary-Treasurer"

* * *

Further Comments

Dear Doctor Agnew:

I have just finished reading your article, *Why Blame the Hospitals?*, and wish to compliment you very sincerely on the excellent defence of hospitals, and nursing, during these trying years.

Sincerely yours,
"Sister St. Elizabeth",
St. Joseph's Hospital, London.

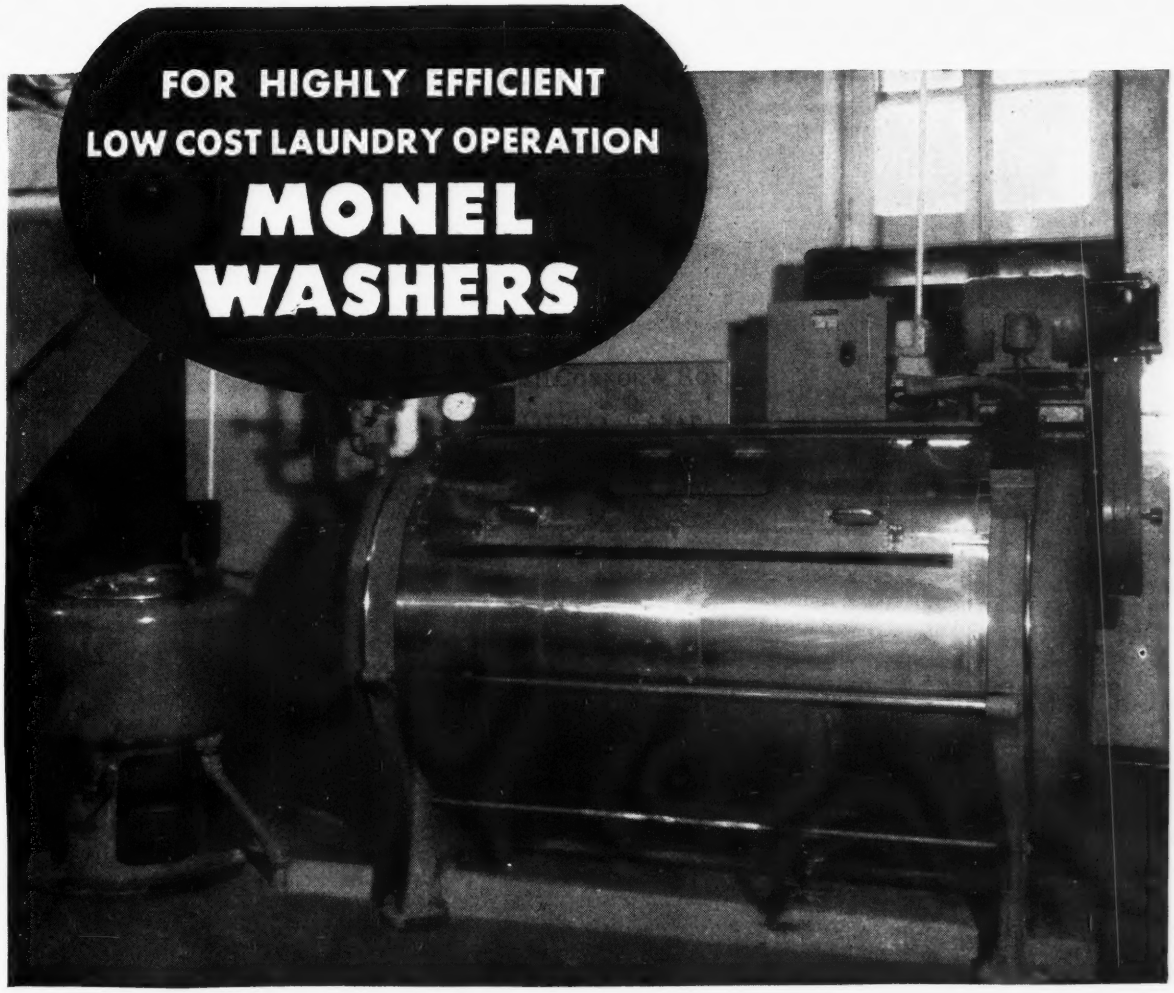
* * *

To the Editor:

My hearty congratulations on your article, *"Why Blame the Hospitals?"*. It describes the situation admirably.

In the Ottawa Civic we are making a desperate effort to increase the number of pupil nurses—not to exploit cheap labour as is so often suggested, but to enlarge the pool of graduate nurses into which the government services have dipped and are dipping with disastrous results. At much additional expense we are endeavouring to make the training more attractive without reducing its quality.

With kindest regards,
"Norman Smith",
(Chairman, Ottawa Civic Hospital).



Since 1942 this Connor Model 6 Monel Washer with reversing motor, and Connor motor driven extractor, have given complete satisfaction at the Convent of Les Soeurs de la Sagesse, Eastview, Ontario. After four years of hard service they still have the appearance and performance of new equipment.

Monel has played an important part in the achievement of to-day's highly efficient, low-cost laundry operation. Being stronger than structural steel, Monel lends itself to the construction of unusually durable equipment. Its high strength-weight ratio cuts cost in power-driven machinery.

Acid sours, dilute bleaches and other supplies used in laundry plant operation do not affect Monel adversely. Monel's hard glass-smooth surface which actually improves with use, eliminates any danger of injury to even the most delicate fabrics and substantially increases the useful life of linen. Too, the attractive appearance of Monel encourages neatness and precision in laundry workers.

For further information regarding laundry equipment please write for our catalogue and price list.

J.H. CONNOR & SON, LIMITED

10 LLOYD STREET - OTTAWA, ONTARIO

WINNIPEG—242 PRINCESS ST. *Quality Washers Since 1875* MONTREAL—4026 ST. CATHERINE W.

Manitoba Centralizes Direction of Tuberculosis

It has been announced by George W. Northwood, chairman of the Sanatorium Board of Manitoba, that as a result of the expansion of the Board's activities its work will henceforth be directed through a central office in Winnipeg.

Dr. E. L. Ross, medical director of the Board, who has also been superintendent of the Manitoba Sanatorium at Ninette, has been relieved of the latter post and has transferred his headquarters to Winnipeg. He will now devote his full time to the co-ordination and direction of the work of the Board which includes operating Manitoba Sanatorium at Ninette, the Clear Water Lake Indian Hospital at Le Pas, the Dynevor Indian Hospital at Selkirk, the Central Tuberculosis Clinic in Winnipeg and travelling tuberculosis clinics. Dr. Ross also co-operates with the medical authorities of the King Edward Hospital and the St. Boniface Sanatorium. Located in Winnipeg, he will be in a better position to keep in close touch with all of the above institutions.

E. L. Ross, M.D.

The New Kitchen

(Continued from page 35)

present, but they are coming. I look for the time, in the near future, when every utensil used in a kitchen or bakery will be trucked to one central electric pan washer. Labour is too expensive to waste in washing pots and pans.

Frosted Frozen Foods

I believe that as a saving of labou and an aid to greater variety, the hospitals—especially smaller ones catering to a good many private patients—will find a stock freezer and a room for holding frosted frozen foods a great saving. Many kinds of luxury foods of which but a small quantity can be used at one time can be prepared in a larger amount, frozen in small packages and used as required. In this way labour costs are reduced by saving effort and time; waste is reduced or eliminated, as only the amount required need be withdrawn from the freezer room; emergency or short-term shortages can be eliminated; luxury items for special, individual patients can be stored and ordered as needed; foods out of season are possible, thus giving wider variety of choice and fine quality, almost equivalent to fresh vegetables and fruits; a variety of soups and chowders, expensive steaks, chops, broilers, turkeys, etc., can be kept on hand, and light foods such as creamed chicken or sea foods are always ready.

(Concluded on page 82)

The New Kitchen

(Concluded from page 80)

Recommendations

The Consulting Management Engineers, in a report to the American Restaurant Association, made the following recommendations with respect to kitchen supplies and equipment:

Better handling equipment urgently needed. Better trucks, stackers and lifters for receiving and handling goods of various shapes, sizes and types.

Improvement in kitchen equipment is needed. Invent or manufacture electric vegetable dicers, "Start to Finish" dishwasher, electric pot and pan washers, at a price within the means of the average large hospital or institution.

Cheaper but *good* electric saws are needed for the butcher shop.

We need improved preparation equipment. Our slicers are too dangerous, and the materials are poor. Material used in the chopping bowls of electric choppers is not good enough. Everything that comes in contact with food should be "stain resisting".

Steam valves and controls should be at the front, high up, requiring no kneeling on hands and knees after concealed valves. These valves and controls should be easy to operate and very accessible for repair and replacement. We need lighter materials for trucks—stainless steel is altogether too heavy. Kitchen equipment today is too costly. Durable, attractive, less expensive materials are needed, as well as some substance which will seal surfaces of tables, floors, etc. (Of course it is realized that during the last few years manufacturers have been hampered by shortages of material and labour, and for this reason many improvements in design, etc., could not be put into manufacture.)

Some Other Problems

With regard to garbage, how can disposal and the sterilization of cans best be handled? Will the day come when a container will be invented which can be destroyed after each time used, such as cardboard?

Is there a possibility that vacuum cleaners may replace brooms in a bakery? Can mopping machines be improved in their designs? Can portioning devices be improved with respect to speed and accuracy, as an aid in cutting costs?

Future Trends

The small hospital today possesses advantages unknown five years ago. New and more efficient methods of processing foods (such as the frosted frozen method) are available. Due to its size, the *time* element in serving food, which is the worst enemy of good food, is not as serious a factor as in larger hospitals. Nevertheless, clever planning is more necessary in a small hospital than in a large one, if costs are to be controlled. The dietitian, in her administrative function, must be always on the alert to substitute brain for brawn—to reduce lifting, hauling, lugging, carrying and other exhausting and time-consuming tasks around the kitchen by better planning of the flow of materials and distribution technique. Detailed work-plans, with careful timing, are needed more than ever in order to use mechanical equipment wisely and thus reduce labour costs.

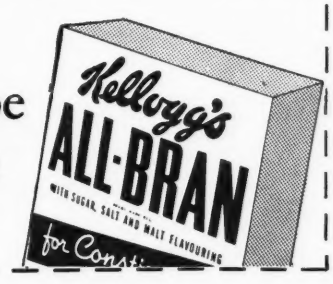
Clinical Studies Show All-Bran Does NOT Create "Bulk" by Soaking Up Water

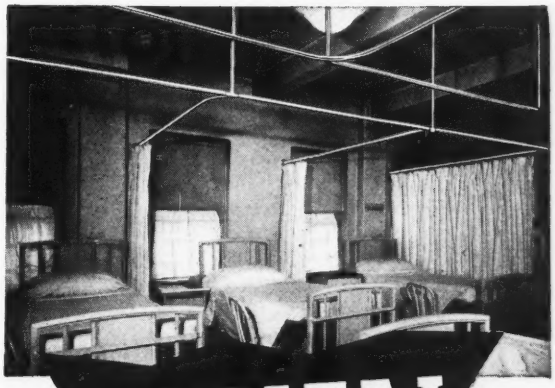
• Recent clinical studies reveal that the usual conceptions of "bulk" in laxation are not applicable to the action of Kellogg's All-Bran in the colon. The cellulosic content of bran supports the action of symbiotic intestinal flora. This apparently provides emulsified occluded gas to help produce soft, spongy wastes for easy elimination.

It is now evident that All-Bran does not create "bulk" by soaking up water and, therefore, it produces no unusual colonic distension. It does not sweep out. The particle size of Kellogg's All-Bran, and the degree of laxation, have no discernable correlation. Even when ground to an impalpably fine powder, All-Bran retains its laxative characteristics.

The fact that daily consumption of All-Bran does not interfere with normal digestion is borne out by recent research, from which this and other conclusions made above have been summarized. Reprints covering this research are available upon request by writing to: Kellogg Company of Canada, Ltd., London, Ontario.

A Food Type Laxative





CAPITAL
Streamlined—Noiseless
CURTAIN CUBICLES

LOW COST: The initial cost of Capital Cubicles is the lowest in the market. *There are no maintenance costs to consider!*

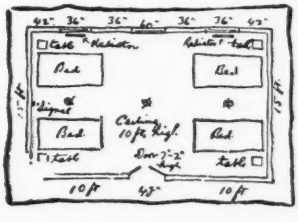
EASY INSTALLATION: Any mechanic can install Capital Cubicles. They are delivered complete, each cubicle and curtain numbered ... with plan sheet and detailed instructions. *If desired, we will make installations at nominal cost.*

SMOOTH, EFFICIENT OPERATION: Capital Cubicle's patented features prevent hooks from catching or jamming, *and assure quick, quiet and dependable operation.*

NO LOST HOOKS: Curtain hooks operate inside the track. They cannot scratch finished surface ... *and cannot be removed or lost!*

MODERN DESIGN: Capital Cubicles are smartly streamlined in appearance. Metal parts are of sturdy brass tubing and bronze fittings, finished with heavy chrome plate. The curtains, non-transparent and sanforized, are available in white and restful, fast colors; substantial rust-proof eyelets will not pull out or stain the cloth.

WRITE FOR INFORMATIVE ILLUSTRATED FOLDER J-4



... include rough sketch of rooms indicating beds as shown. We will submit plans, specifications and cost. No obligation, of course!

CAPITAL CUBICLE CO., INC.
213—25th ST., BROOKLYN 32, N. Y.
TEL. SOUTH 8-9365 • AGENTS IN PRINCIPAL CITIES

Short Course Dual Training for Technicians in Saskatchewan

In order to meet the anticipated large demand for technicians on the part of the numerous small hospitals when the reorganization and development plan of the government for rural hospitals gets under way, arrangements have been made for an intensive training of technicians in both laboratory work and radiography. The first class began on October 6th with some fifteen returned service personnel enrolled. The course is to cover three months' training in each general subject, or six months in all. The diagnostic laboratory work consists of urinalysis and haematology only, with emphasis upon RBC, WBC and Hgb estimation, sedimentation rate and simple staining. The laboratory courses are being given under the supervision of Dr. W. A. Riddell, Director of Laboratories, Department of Health, Regina. Actual instruction is being given by a senior technician, and specimens will be provided by the hospitals. X-ray instruction is being given under Dr. Albert Perry of the Grey Nuns' Hospital.

Following this training period and the placing of the student in a hospital laboratory, supervisory visits will be made by a qualified technician or senior laboratory director. It is anticipated that refresher courses will be developed as time goes on.

There is no thought of turning out fully qualified technicians by these short courses, but it is hoped that, by this means, the immediate need can be met and that the technicians can take subsequent instruction and ultimately qualify for certification under the C.S.L.T.

A second class of 20 will start work on January 1st next. To date there have been 150 applications, but students will be trained only in accordance with placement demands.

Apparently the old belief that student nurses are worked almost to death sticks like a burr in the public mind, is rendered more adhesive by writings and sayings of the uninformed and, worse than all, frightens away many girls who otherwise might become good nurses—and good heads of families.

—*The Ottawa Journal.*

Coming Conventions

November 10-11—British Columbia Conference, C.H.A., Vancouver.

November 12-15—British Columbia Hospitals Association, Vancouver.

December 2-6—Institute for Medical Record Librarians (A.H.A.), Baker Hotel, Dallas, Texas.

December 2-6—Institute on Food Service in Hospitals (A.H.A.), Knickerbocker Hotel, Chicago, Ill.

December 16-20—A.C.S. Clinical Congress, Cleveland.

September 22-25, 1947—American Hospital Association, St. Louis, Mo.

Week of November 3, 1947—Ontario Hospital Association, Toronto.

Provincial Notes

(Concluded from page 68)

former residence, has been renovated. Grants were received from the province, the county and the town but over half the entire cost was met by individual subscriptions in Wingham and the surrounding communities. A $10,000 x-ray unit was obtained through a citizen's bequest.

Quebec

SHERBROOKE. Harry A. Norton and his sister, Miss Helen Norton, have donated the sum of $100,000 to the Sherbrooke Hospital Building Fund Campaign. Mr. Norton is joint honorary chairman of the campaign. This gift is a matter of great encouragement to those who are working to raise funds, having as their objective a total of $500,000.

New Brunswick

DALHOUSIE. Rev. Sister Richard, supervisor of the new Hotel Dieu Hospital in Dalhousie, has announced that the hospital will be ready for occupancy early this month, with 35 beds and a nursery. The institution is housed in a remodelled residence and will serve the community until it is possible to build the 100-bed hospital which the Sisters of St. Joseph are planning.

* * *

REXTON. Kingston Hall hospital, a new ten-bed institution which will serve the residents of Kent County, has been formally opened at Rexton. While the hospital is owned by the community and is under a Board of Governors, it will be operated by the Provincial Red Cross. The superintendent is Miss Eileen Ritchie, formerly matron of St. James Military Hospital in Saint John.

* * *

SAINT JOHN. The Municipal Council has approved the principle of a retirement plan for employees of the Saint John General Hospital and has authorized the council's pension committee to meet with the board of hospital commissioners and work out details of the scheme. It was estimated roughly that the pension plan will cost the municipality $9,360 a year for the first 10 years and then $4,291 a year.

Health Department and Hospital

The sharp separation of medicine into preventive and curative programs probably has been the greatest influence which has separated the health department and the hospital. This force has been related to all types of hospitals, both governmental and non-governmental. It was considered the function of the health department to prevent disease through the enforcement of laws and regulations enacted to protect the mass of the people; it was considered the function of the hospital to provide the facilities necessary to the medical profession for the diagnosis and treatment of the individual patient. These concepts arose from the historical development of the practice of medicine through the centuries and the more recent development of the field of public health. The need for a change in these ideas has become increasingly evident as knowledge concerning the prevention of disease has advanced and the appreciation of the value to the public of close co-operation between the fields of public health and curative medicine has grown.

—Commission on Hospital Care.

Campaign for Funds Over the Top in Three Weeks

The King's Daughters' Hospital (112 beds) at Duncan, British Columbia, had fallen on evil days, having a cash deficit of $30,000. There were also some $15,000 of 4½% bonds outstanding. A deputation went to see the Provincial Secretary, Mr. Pearson, and he undertook to match, dollar for dollar, any amount that could be raised locally. Thereupon a number of energetic and public-spirited citizens got together and organized a district drive for funds. Canvassers went forth and in the first three days over $6,000 was subscribed. Business and industrial firms made substantial donations and in several cases their employees gave a day's pay. The Shawnigan Lake Lumber Company and its employees turned in over $900. A highlight was a total of about $4,000 from B.C. Forest Products, Ltd., and its employees. Various lodges and clubs also supported the drive. The Duncan Elks, the Hospital Women's Auxiliary and the Temple Lodge of the Masonic Order each donated $500. The Chee Kong Tong Society (Chinese Freemasons) gave $1,000.

Within the first ten days $16,000 had been collected or pledged and by the end of three weeks, October 10th, the objective had been passed with $31,000. Thus, with the amount to be added by the Provincial Government, at least $62,000 is in sight to cover the indebtedness of the hospital and give it a fresh start. Further contributions are still being received. Members of the campaign committee were most gratified by the way in which the public got behind the drive and the loyalty shown to the hospital by the whole community.

An important feature of the campaign was effective newspaper advertising. One full page in the *Cowichan Leader,* sponsored by the Duncan Rotary Club, had the heading "Your Hospital Guards the Whole Family" in type 1¼ inches high. In the centre was a large photograph of a family group. Each paragraph of text, giving hospital publicity and campaign progress notes, was boxed with heading in heavy ¼ inch type. This page, with its forthright appeal, could not fail to impress all potential contributors to the fund.

Hospitals in Britain

(Concluded from page 54)

mental disabilities should be provided in the town itself. Such facilities, and particularly the institution of the health centre, give the opportunity to approach such problems at an early stage, and to see faulty adjustments at a stage before they are regarded as grossly abnormal. Preventive work for mental health must begin in the ante-natal and child welfare clinics. Associated with these clinics there should therefore be a family and child guidance clinic dealing with children, their parents, and with all family problems brought to the clinic. The clinic would maintain close touch with the psychiatric clinic at the general hospital."

The picture presented by Lord Reith's Committee provides the hope that health of mind and body may prevail in the communities which are to be established through the length and breadth of Great Britain.

Book Reviews

SURVEY OF PHYSICIANS IN CANADA, JULY 1946. Prepared by the Department of National Health and Welfare under the direction of J. W. Willard, Research Assistant, Research Division, and E. G. Ball, Registrar of Physicians, Department of National Health and Welfare. Pp. 66, illustrated with tables. 1946.

The survey of physicians of which this report is the result was undertaken with a two-fold purpose. In the first place it continues, on an annual basis, the inventory of medical personnel provided by the Canadian Medical Procurement and Assignment Board. It was also conducted to provide a review of the medical manpower situation for the Interdepartmental Advisory Committee on Professionally Trained Persons, as part of a national survey being undertaken by the Dominion Department of Labour to assemble authentic information on future employment opportunities for university-trained personnel in Canada.

The first half of the report tabulates and comments on the present supply of physicians and their distribution by province, etc. Interesting comparisons are made with the distribution of physicians in other countries of the world.

The second half of the report treats of the likely future demand for physicians in private practice, industry, public health, research and teaching.

A.H.A. Institutes

The fourth Institute for medical record librarians, sponsored by the Council on Professional Practice of the American Hospital Association and the American Association of Medical Record Librarians, will be held at the Baker Hotel, Dallas, Texas, on December 2-6, 1946.

The purpose of the institute is to present a basic and elementary course by competent leaders in medical record and hospital fields. Those eligible for registration are medical record librarians or administrators who are members either of the A.A.M.R.L. or the A.H.A. or who are on the staff of an institution which is a member of the A.H.A. Applications should be sent to Dr. Hugo V. Hullerman, Assistant Director, American Hospital Association, 18 East Division Street, Chicago 10. Registration fee is $25.00.

On December 2-6, 1946, an Institute on Design, Construction and New Equipment for Food Service in Hospitals is being held at the Knickerbocker Hotel, Chicago. The Institute, the first of its kind, is being conducted jointly by the Council on Professional Practice and the Council on Hospital Planning and Plant Operation of the American Hospital Association. The prime purpose of these sessions will be to present to administrators, dietitians and others interested in hospital food service knowledge now available concerning technological developments in the installation of new equipment, construction of facilities and modernization of layouts.

Applicants must be members of the A.H.A. or on the staff of an institution which is a member. Applications should be sent to Margaret Gillam, Dietary Consultant, A.H.A., 18 East Division Street, Chicago 10. The registration fee is $25.00.

Mountain Sanatorium

(Continued from page 33)

these funds were assigned to the campaign for early diagnosis.

Finally in 1938 this educational program for adult patients in sanatoria was accepted as a responsibility of the Provincial Department of Education and was included as part of the program of their Auxiliary Department for handicapped students. Since grants for this work have been assured, the work has extended to every sanatorium in the province, with great benefit to the patients and with every assurance that the province will be repaid many times over by making it easier for ex-sanatorium patients to become self-supporting citizens. It would now appear that this educational program is in the process of becoming the basis of a permanent program for the rehabilitation of the tuberculous, the purpose of which will be to provide vocational training and to place the patients in suitable positions when their training is completed.

Growing out of this educational program has been the development of the institutional radio as an aid to clever young patients who are interested in following up some phase either of radio mechanics or of broadcasting following discharge. The first installation of radio was made back in the early days of broadcasting before a single large installation had been made. Through the enthusiasm of Mr. Harry Watson, a graduate in chemical engineering and a patient, the interest of Mr. C. S. Wilcox was aroused; he called in the Northern Electric Company to study the problem. The original idea was that radio would act as a source of entertainment and would perhaps assist in treatment by making it easier for the patient to obtain mental diversion and rest; gradually, however, it has expanded until today this department is working in close association with the Canadian Broadcasting Corporation's program of adult education and with the Hamilton radio stations.

Thus during their final stages of treatment, when patients are placed on graduated exercise, this service is providing a very valuable source of training to those who are interested in this type of work either for recreation or as a future vocation. Primarily, it gives training in the preparation and presentation of ideas, but to do this successfully the student has to review many of his early studies and is provided with a practical incentive that is too often lacking with other students. On the other hand, the patient whose interests are more mechanically inclined has an opportunity to learn at first hand the physical principles and practices which an expert radio mechanic must understand; it is of interest to note that some patients are also turning to this branch of radio as very suitable for discharge employment.

Intelligent Adult Education

While referring especially to instruction in radio and broadcasting, this is given merely as an illustration of the effort made to suit the instruction to the *needs* of the patients on the basis of a system of adult education. This is necessary because the average age of the students is higher than that of an ordinary school, and the program must always make some provision for patients in their fifties and sixties. While the regular au-

WANTED

Public Service of Saskatchewan

DEPARTMENT OF PUBLIC HEALTH

Dietitian, Mental Hospital, Weyburn. Graduate with a Degree in Home Economics—post-graduate term as Dietitian in an accredited Hospital. $1,860.00 per annum plus Cost of Living Bonus.

DEPARTMENT OF PUBLIC HEALTH

Nurse (Reg. N. Certificate) Air Ambulance Service. Three years' experience. $1,500.00 per annum plus Cost of Living Bonus.

SCHOOL FOR MENTAL DEFECTIVES, WEYBURN, SASK.

Supervisor, Admission Ward and Sick Ward. Graduate Nurse with Reg. N. Certificate. $1,920.00 per annum. (Maintenance and accommodation available, reasonable deduction from salary therefor.)

(Apply to Public Service Commission, Legislative Buildings, Regina, for application forms and further particulars.)

thorized subjects of public and high school, or of the University, must always provide the chief source of instruction, yet in a program such as this for adults there is also room for instruction in all branches of art. This too can lead to a post-discharge occupation for the physically handicapped patient with talent. As a local artist stated recently, it is important to include instruction in art in a program of adult education to reach the individual who, through lack of opportunity, has never before had a chance to develop latent talents which are at the very root of his personality.

Because of these facilities for development and training during the long course of treatment, many patients have come to realize that the great calamnity in their lives has had equally great compensations. In trying to provide these facilities we realize that present day members of the Hamilton Health Association are merely keeping alive the humanitarian spirit which first prompted the establishment of the Sanatorium. Much more could be said of the steady advance in every other department, as for instance that of improved methods of diagnosis, but these are essentials of every sanatorium and simply mean that a modern sanatorium, from the scientific angle, is only as efficient as its x-ray department, its laboratory and its trained personnel.

Improved Designs

Another source of satisfaction today is found in the advance in architectural design as contrasted with the crude buildings of forty years ago. In this the Mountain Sanatorium has developed a distinct type of design in all its later buildings which, by including set-back verandahs and south-eastern exposure, makes for much greater penetration of sunlight to the wards than in older types of buildings. The four-bed unit plan of wards also has the important feature that beds can be placed parallel to, instead of directly facing the light, a point of great importance in avoiding eye strain for patients interested in studying or even in reading.

Finally, it is a real source of satisfaction that the latest building, the Wilcox Pavilion, has its offices located on the exact site of the original Crerar Recreation Hall. It is very fitting that this modern building, which was prompted by the same desire to aid Hamilton's tuberculous people, should serve as a memorial, not only to the Crerar Hall, but to the entire group of crude frame buildings and shacks, familiarly known as the "Orchard San", where the pioneer work of forty years ago was started.

From this simple beginning, and through constant effort to improve the lot of the patient, we who still remain have had the satisfaction of seeing the Mountain Sanatorium develop into a highly efficient centre in the fight against tuberculosis. In the process we have seen the mortality rate reduced to one-tenth of that of fifty years ago, and there is a fair prospect of complete control of the disease during the lifetime of the present generation of Hamiltonians.

"Great Ormond Street"

(Concluded from page 39)

by enucleation was evolved; a method now used extensively throughout the world. Here also Sir Thomas Barlow found the cure for scurvy; and these are but a few results of the constant research carried on for the benefit of humanity.

From the first visionary plans of Dr. West nearly a hundred years ago a magnificent institution has developed. In the cure and prevention of disease, as a centre of learning for physicians and as the largest training school for nurses in Britain, the Great Ormond Street Children's Hospital is outstanding.

Dr. Rorem to Retire from the Blue Cross

C. Rufus Rorem, Ph.D., who has been director of the Blue Cross Commission of the American Hospital Association for the past nine years, will leave that position at the end of December to become the executive director of the recently formed Hospital Council of Philadelphia.

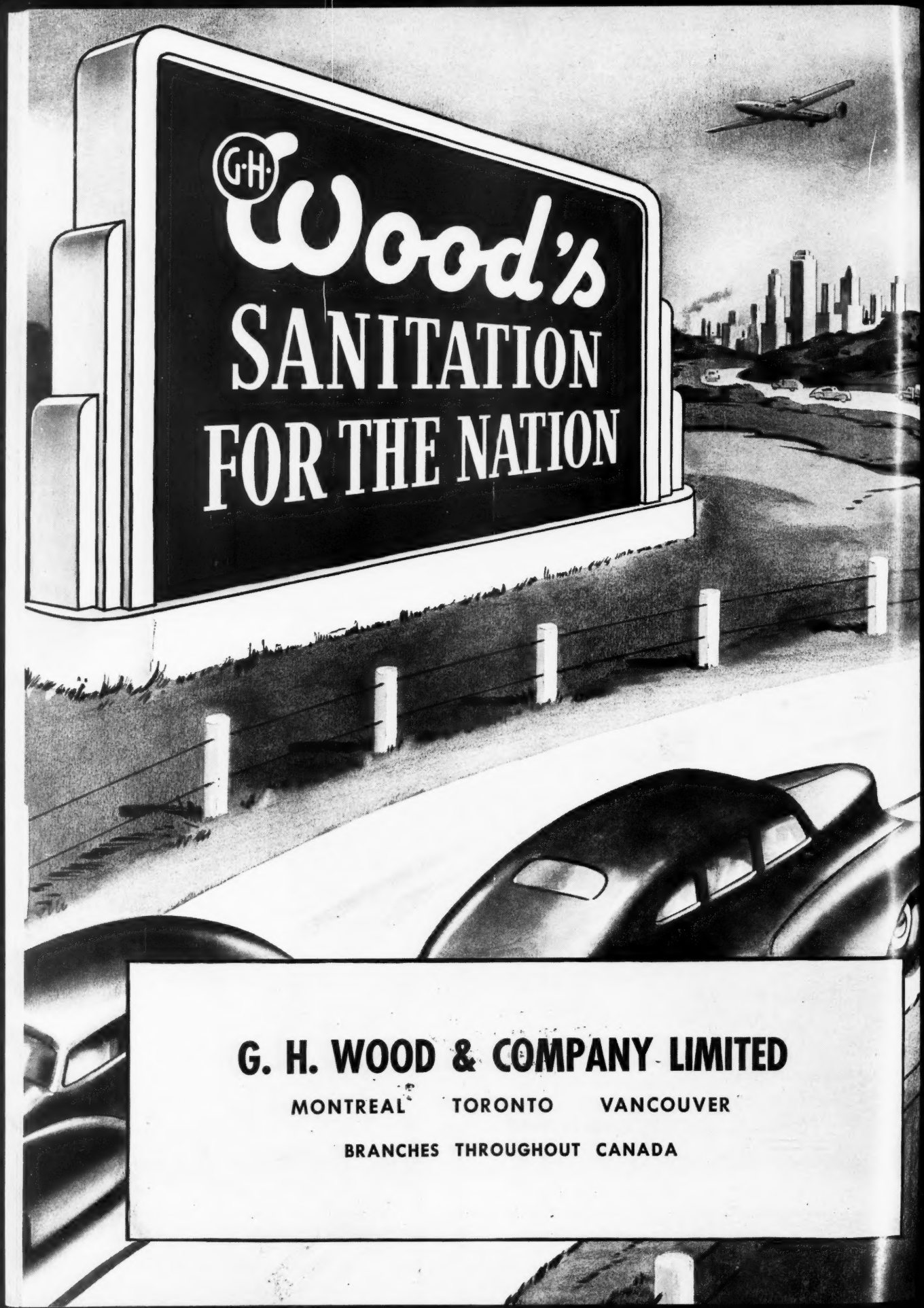
For many years Dr. Rorem has been in constant demand all over the North American continent as a consultant on voluntary hospital care plans. Prior to joining the American Hospital Association staff, he was with the Rosenwald Fund and has long been considered one of the leading authorities on this continent. His counsel has been reflected in many features of our leading plans and the plans in Canada were greatly assisted in their formative period by his advice.

The program of the Hospital Council of Philadelphia will include administrative economies through improved accounting, personnel and purchasing procedures, emphasis on the role of the hospital as a medical centre, development of a long range program for financing capital investment and current services, and a sound public relations program. Dr. Rorem will also continue his association with the Blue Cross movement on a consultant basis.

Index of Advertisers

NOVEMBER, 1946

PLEASE MENTION THE CANADIAN HOSPITAL WHEN WRITING TO ADVERTISERS



G. H. WOOD & COMPANY LIMITED

MONTREAL TORONTO VANCOUVER

BRANCHES THROUGHOUT CANADA